278 Health Care Services Review:

Request for Review

ASCX12N 278 (004010X094A1): 278 Health Care Services Review - Request for Review

- Response to Request for Review

ASCX12N 278 (004010X094A1): 278 Health Care Services Review - Response to Request for Review

Nebraska Health and Human Services System



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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Nebraska Medicaid Companion Guide Version: 1.03

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Services Review – Request for Review (278A) and Response (278B) transaction sets for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to verify an individual's eligibility, coverage or benefits associated with Nebraska Medicaid. The transaction set is intended to be used to provide information to request authorizations and to respond to those requests.

This paired Companion Guide governs electronic request for authorization (278A) and electronic response to those requests (278B).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

- Required Segments No directive.
- 2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive "Required by NE Medicaid when applicable as specified in the Implementation Guide".
- 3. Situational segments always required by NE Medicaid will be accompanied by the following directive "Required by NE Medicaid".
- 4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

- 1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
- 2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
- 3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

* (asterisk) for element separator
^ (carrot) for sub-element separator
~ (tilde) for Segment terminator
| (vertical bar) for repeat character
ASCII 042
ASCII 094
ASCII 126
ASCII 126

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at http://www.hhs.state.ne.us/med/medindex.htm

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357, option 1, or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhss.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.03:

• <u>Page 3 – Revision</u>: Introduction – <u>Data Submission Criteria</u> has been changed to add a separator of "~ (tilde) for Segment terminator ASCII 126" and to remove "Carriage Return for Segment terminator ASCII 013."

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Health Care Services Review - Request for Review

Functional Group=HI

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Each request should be for one episode of care. If multiple service types are sent that do not relate to the same service of care, the request will be rejected with a AAA '33' input error.

All requests will be received in once a day after 8:00 P.M. All requests sent in after time will not be received in until the next night.

Not Defined:

Transaction

<u>Pos</u>	<u>ID</u> ISA GS	Segment Name Interchange Control Header Functional Group Header	Max Use 1 1	Repeat	NE Medicaid Usage Required Required
Heading: Pos 010 020	<u>ID</u> ST BHT	Segment Name Transaction Set Header Beginning of Hierarchical	Max Use 1 1	<u>Repeat</u>	NE Medicaid Usage Required Required

Detail:					
<u>Pos</u>	<u>ID</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
LOOP	D - 2000	<u>A</u>		1	
010	HL	Utilization Management	1		Required
		Organization (UMO) Level			
	ID - 2010	<u> A</u>		<u>1</u>	
170	NM1	Utilization Management	1		Required
		Organization (UMO) Name			
LOOP	D - 2000	В		1	
010	HL	Requester Level	1	_	Required
LOOP	D - 2010			1	·
170	NM1	Requester Name	1		Required
180	REF	Requester Supplemental	8		Required
		Identification			
200	N3	Requester Address	1		Used
210	N4	Requester City/State/ZIP Code	1		Used
220	PER	Requester Contact Information	1		Used
240	PRV	Requester Provider Information	1		Used
LOOP	D - 2000	<u>C</u>		1	
010	HL	Subscriber Level	1		Required
020	TRN	Patient Event Tracking Number	2		Used
070	DTP	Accident Date	1		Used
070	DTP	Last Menstrual Period Date	1		Used
070	DTP	Estimated Date of Birth	1		Used
070	DTP	Onset of Current Symptoms or	1		Used
		Illness Date			
080	HI	Subscriber Diagnosis	1		Used
155	PWK	Additional Patient Information	10		Used
July 6, 2004	4 - 004010A	1 - Version 1.03	5		

Nebraska Medicaid

1.00	P ID - 2010	CA		1	
170	NM1	Subscriber Name	1	<u> </u>	Required
180	REF	Subscriber Supplemental	9		Used
100	IXLI	Identification	J		Osca
250	DMG	Subscriber Demographic	1		Used
200	Bivio	Information	•		Ooca
1.00	P ID - 2000			1	<u>l</u>
010	HL	Dependent Level	1	<u>1</u>	Not Used
020	TRN	Patient Event Tracking Number	2		Not Used
070	DTP	Accident Date	1		Not Used
070	DTP	Last Menstrual Period Date	1		Not Used
070	DTP	Estimated Date of Birth	1		Not Used
070	DTP	Onset of Current Symptoms or	1		Not Used
010	DII	Illness Date	'		Not Oscu
080	HI	Dependent Diagnosis	1		Not Used
155	PWK	Additional Patient Information	10		Not Used
	P ID - 2010		- 10	1	1101 0000
170	NM1	Dependent Name	1	<u> </u>	Not Used
180	REF	Dependent Supplemental	3		Not Used
100	1121	Identification	Ü		1101 0000
250	DMG	Dependent Demographic	1		Not Used
	50	Information	•		1101 0000
260	INS	Dependent Relationship	1		Not Used
	P ID - 2000			>1	
010	HL	Service Provider Level	1	<u> </u>	Required
160	MSG	Message Text	1		Used
	P ID - 2010		<u> </u>	3	0300
170	NM1	Service Provider Name	1	<u> </u>	Required
180	REF	Service Provider Supplemental	7		Required
.00		Identification	•		rtoquirou
200	N3	Service Provider Address	1		Used
210	N4	Service Provider City/State/ZIP	1		Used
		Code			
220	PER	Service Provider Contact	1		Used
		Information			
240	PRV	Service Provider Information	1		Used
LOO	P ID - 2000	F		>1	
010	HL	Service Level	1		Required
020	TRN	Service Trace Number	2		Used
040	UM	Health Care Services Review	1		Required
		Information			•
060	REF	Previous Certification	1		Used
		Identification			
070	DTP	Identification Service Date	1		Used
070	DTP		1 1		Used
		Service Date Admission Date Discharge Date	1		
070 070 070	DTP DTP DTP	Service Date Admission Date Discharge Date Surgery Date	1 1 1		Used Used Used
070 070 070 080	DTP DTP DTP HI	Service Date Admission Date Discharge Date Surgery Date Procedures	1 1 1 1		Used Used Used Used
070 070 070 080 090	DTP DTP DTP HI HSD	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery	1 1 1 1 1		Used Used Used Used Used
070 070 070 080 090 100	DTP DTP DTP HI HSD CRC	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information	1 1 1 1 1 1		Used Used Used Used Used Used
070 070 070 080 090 100 110	DTP DTP DTP HI HSD CRC CL1	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code	1 1 1 1 1 1 6		Used Used Used Used Used Used Used
070 070 070 080 090 100 110 120	DTP DTP DTP HI HSD CRC CL1 CR1	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information	1 1 1 1 1 1 6 1		Used Used Used Used Used Used Not Used
070 070 070 080 090 100 110	DTP DTP DTP HI HSD CRC CL1	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service	1 1 1 1 1 1 6		Used Used Used Used Used Used Used
070 070 070 080 090 100 110 120	DTP DTP DTP HI HSD CRC CL1 CR1 CR2	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service Information	1 1 1 1 1 6 1 1		Used Used Used Used Used Used Used Used
070 070 070 080 090 100 110 120	DTP DTP DTP HI HSD CRC CL1 CR1	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service Information Home Oxygen Therapy	1 1 1 1 1 1 6 1		Used Used Used Used Used Used Not Used
070 070 070 080 090 100 110 120 130	DTP DTP DTP HI HSD CRC CL1 CR1 CR2	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service Information Home Oxygen Therapy Information	1 1 1 1 1 6 1 1		Used Used Used Used Used Used Used Used
070 070 070 080 090 100 110 120 130	DTP DTP DTP HI HSD CRC CL1 CR1 CR2 CR5	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service Information Home Oxygen Therapy Information Home Health Care Information	1 1 1 1 1 6 1 1 1		Used Used Used Used Used Used Used Used
070 070 070 080 090 100 110 120 130 140	DTP DTP DTP HI HSD CRC CL1 CR1 CR2 CR5	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service Information Home Oxygen Therapy Information Home Health Care Information Additional Service Information	1 1 1 1 1 6 1 1 1		Used Used Used Used Used Used Used Used
070 070 070 080 090 100 110 120 130	DTP DTP DTP HI HSD CRC CL1 CR1 CR2 CR5	Service Date Admission Date Discharge Date Surgery Date Procedures Health Care Services Delivery Patient Condition Information Institutional Claim Code Ambulance Transport Information Spinal Manipulation Service Information Home Oxygen Therapy Information Home Health Care Information	1 1 1 1 1 6 1 1 1		Used Used Used Used Used Used Used Used

Not Defined:

PosIDSegment NameMax UseRepeatNE Medicaid UsageGEFunctional Group Trailer1RequiredIEAInterchange Control Trailer1Required

Appendix A - 278 Prior Authorization Paperwork/Attachment Guidelines

Appendix B – 278 Auth Service Type Edit Determination

Appendix C - Nebraska Medicaid Workarounds

ISA

Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element	Summa	ary:				
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
ISA01	10 1	Authorization Information Qualifier	M	ID	2/2	Required
		Description: Code to identify the type of information				
		in the Authorization Information				
		Code Name				
		00 No Authorization Information Preser	it (No Mea	ninaful Inf	ormation in I02)	
		03 Additional Data Identification		3	,	
ISA02	102	Authorization Information	M	AN	10/10	Required
.07.10=		Description: Information used for additional		7		
		identification or authorization of the interchange				
		sender or the data in the interchange; the type of				
		information is set by the Authorization Information				
		Qualifier (I01)				
ISA03	103	Security Information Qualifier	М	ID	2/2	Required
10/100	100	Description: Code to identify the type of information		10	2,2	rtoquirou
		in the Security Information				
		Code Name				
		00 No Security Information Present (No	Meaningf	iul Informa	tion in IO4)	
		01 Password	wicariirigi	ai iiiioiiiia	11011 111 10 17	
ISA04	104	Security Information	М	AN	10/10	Required
10/104	10-1	Description: This is used for identifying the security	101	7 (1 4	10/10	rtoquirea
		information about the interchange sender or the data				
		in the interchange; the type of information is set by				
		the Security Information Qualifier (I03)				
ISA05	105	Interchange ID Qualifier	М	ID	2/2	Required
10/100	100	Description: Qualifier to designate the	IVI	טו	212	required
		system/method of code structure used to designate				
		the sender or receiver ID element being qualified				
		Industry: This ID qualifies the Sender in ISA06.				
		Code Name				
		01 Duns (Dun & Bradstreet)				
		14 Duns Plus Suffix				
		20 Health Industry Number (HIN)				
		27 Carrier Identification Number as ass	ianed by F	lealth Car	Financing Adm	ninistration (HCFA)
		28 Fiscal Intermediary Identification Nu				
		Administration (HCFA)	inber de d	ooigiica by	ricaiti care i ii	larioning
		29 Medicare Provider and Supplier Ider	ntification N	Number as	assigned by He	ealth Care Financing
		Administration (HCFA)	itinoation i	tarribor ac	doolgiled by Tie	Jailin Gare i manomig
		30 U.S. Federal Tax Identification Num	her			
		33 National Association of Insurance C		ers Comp	any Code (NAIC	:)
ISA06	106	Interchange Sender ID	М	AN	15/15	Required
107.00	100	Description: Identification code published by the	•••	7 1	10, 10	rtoquirou
		sender for other parties to use as the receiver ID to				
		route data to them; the sender always codes this				
		value in the sender ID element				
ISA07	105	Interchange ID Qualifier	М	ID	2/2	Required
.07.101		Description: Qualifier to designate the				
		system/method of code structure used to designate				
		the sender or receiver ID element being qualified				
		Industry: This ID qualifies the Receiver in ISA08.				
		Code Name				
		01 Duns (Dun & Bradstreet)				
		2 3 (23 & 5.000.000)				

		14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assig 28 Fiscal Intermediary Identification Num Administration (HCFA)				
		 Medicare Provider and Supplier Ident Administration (HCFA) U.S. Federal Tax Identification Number 		Number as	assigned by He	ealth Care Financing
		33 National Association of Insurance Col ZZ Mutually Defined		ers Compa	any Code (NAIC	()
ISA08	107	Interchange Receiver ID Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	M	AN	15/15	Required
ISA09	108	Interchange Date Description: Date of the interchange Industry: The date format is YYMMDD.	M	DT	6/6	Required
ISA10	109	Interchange Time Description: Time of the interchange Industry: The time format is HHMM.	M	TM	4/4	Required
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer	M	ID	1/1	Required
ISA12	I11	All valid standard codes are used. Interchange Control Version Number Description: Code specifying the version number of the interchange control segments Code Name Draft Standards for Trial Use Approve	M ed for Pul	ID	5/5 ASC X12 Proc	Required edures Review
ISA13	l12	Board through October 1997 Interchange Control Number Description: A control number assigned by the interchange sender Industry: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.	M	N0	9/9	Required
ISA14	I13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1) Industry: See Section A.1.5.1 for interchange acknowledgment information. All valid standard codes are used.	M	ID	1/1	Required
ISA15	l14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information Code Name P Production Data T Test Data	M	ID	1/1	Required
ISA16	I15	Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	М		1/1	Required

Functional Group Header GS

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Elemen	t S	ริบท	ıma	rv:

Liement									
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>			
GS01	479	Functional Identifier Code	M	ID	2/2	Required			
		Description: Code identifying a group of application							
		related transaction sets							
		Code Name							
		BE Benefit Enrollment and Maintenance	(834)						
		FA Functional Acknowledgment (997)							
		HB Eligibility, Coverage or Benefit Inform	nation (271	l)					
		HC Health Care Claim (837)	•	•					
		HI Health Care Services Review Inform	ation (278))					
		HN Health Care Claim Status Notification		,					
		HP Health Care Claim Payment/Advice	(835)						
		HR Health Care Claim Status Request (2							
		HS Eligibility, Coverage or Benefit Inquir							
		RA Payment Order/Remittance Advice (
GS02	142	Application Sender's Code	ĺМ	AN	2/15	Required			
		Description: Code identifying party sending				•			
		transmission; codes agreed to by trading partners							
		Industry: Use this code to identify the unit sending							
		the information.							
GS03	124	Application Receiver's Code	М	AN	2/15	Required			
		Description: Code identifying party receiving							
		transmission; codes agreed to by trading partners							
		Industry: Use this code to identify the unit receiving							
		the information.							
GS04	373	Date	М	DT	8/8	Required			
0,0	0.0	Description: Date expressed as CCYYMMDD	2 .		- 4-				
		Industry: Use this date for the functional group							
		creation date.							
GS05	337	Time	М	TM	4/8	Required			
0000	007	Description: Time expressed in 24-hour clock time	141	1 141	170	rtoquirou			
		as follows: HHMM, or HHMMSS, or HHMMSSD, or							
		HHMMSSDD, where H = hours (00-23), M = minutes							
		(00-59), S = integer seconds (00-59) and DD =							
		decimal seconds; decimal seconds are expressed as							
		follows: D = tenths (0-9) and DD = hundredths (00-							
		99)							
		Industry: Use this time for the creation time. The							
		recommended format is HHMM.							
GS06	28	Group Control Number	М	N0	1/9	Required			
0000	20	Description: Assigned number originated and	141	110	170	rtoquirou			
		maintained by the sender							
GS07	455	Responsible Agency Code	М	ID	1/2	Required			
000.	.00	Description: Code identifying the issuer of the			.,_	. toquilou			
		standard; this code is used in conjunction with Data							
		Element 480							
		Code Name							
		X Accredited Standards Committee X1	2						
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required			
2200	100	Description: Code indicating the version, release,	141	, u v	17.12	Roquired			
		subrelease, and industry identifier of the EDI							
		standard being used, including the GS and GE							
lulu 6 0004	00404044					Nobresta Mass			
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segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

Code Name

004010X094A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

ST Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required
		Description: Code uniquely identifying a				·
		Transaction Set				
		Code Name				
		278 Health Care Services Review Information	ation			
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
		Description: Identifying control number that must be				·
		unique within the transaction set functional group				
		assigned by the originator for a transaction set				

BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 5

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Ref BHT01	<u>ID</u> 1005	Element Name Hierarchical Structure Code Descriptions Code indicating the hierarchical	Req M	<u>Type</u> ID	Min/Max 4/4	<u>Usage</u> Required
		Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the				
		transaction set <u>Code</u> <u>Name</u>				
		0078 Information Source, Information Recei	iver, Sub	scriber, De	ependent, Provid	der of Service,
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction	M	ID	2/2	Required
		set Code Name Request				
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	0	AN	1/30	Required
DUTOA	070	Industry: Submitter Transaction Identifier	0	DT	0.40	D
BHT04	373	Date Description: Date expressed as CCYYMMDD Industry: Transaction Set Creation Date	0	DT	8/8	Required
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	0	ТМ	4/8	Required
		Industry: Transaction Set Creation Time				

HL Utilization Management Organization (UMO) Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	М	AN	1/12	Required
		Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				·
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a level in a hierarchical structure				·
		Code Name 20 Information Source				
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical child data segments subordinate to the level being described				·
		<u>Code</u> <u>Name</u>				
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				

Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Utilization Management Organization (UMO) Name

Loop: 2010A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element S	ummarv:
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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		Description: Code identifying an organizational				
		entity, a physical location, property or an individual				
		Code Name X3 Utilization Management Organization				
NM102	1065	X3 Utilization Management Organization Entity Type Qualifier	М	ID	1/1	Required
INIVI IUZ	1005	Description: Code qualifying the type of entity	IVI	טו	1/ 1	Nequileu
		Code Name				
		Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Required
		Description: Individual last name or organizational	_			
		name				
		Industry: Utilization Management Organization				
		(UMO) Last or Organization Name				
NM104	1036	Name First	0	O AN	1/25	Not recommended
		Description: Individual first name				
		Industry: Utilization Management Organization				
NIN 4405	4007	(UMO) First Name	_	A	4/05	N. C
NM105	1037	Name Middle	0) AN	1/25	Not recommended
		Description: Individual middle name or initial Industry: Utilization Management Organization				
		(UMO) Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Not recommended
14101107	1000	Description: Suffix to individual name	Ŭ	7		Not recommended
		Industry: Utilization Management Organization				
		(UMO) Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method				
		of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: Use code "PI".				
		Code Name				
NIN4400	67	PI Payor Identification	0	A N I	0/00	Deguined
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code Industry: <i>Utilization Management Organization</i>				
		(UMO) Identifier				
		Nebraska Medicaid Directive: Use "NEMEDICAID".				
		ExternalCodeList				
		Name: 537				

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National Plan ID

HL Requester Level

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	М	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure				
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		<u>Code</u> <u>Name</u>				
		21 Information Receiver				
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				
		Code Name				

Code Name

Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Requester Name

Loop: 2010B

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element	Summary:
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		ui y i	_	_		
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	М	ID	2/3	Required
		Description: Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		1P Provider				
		FA Facility				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		Description: Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
		Industry: Requester Last or Organization Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
		Industry: Requester First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: Requester Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: Requester Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method				
		of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: Use code "46" only.				
		Code Name				
		46 Electronic Transmitter Identification N	lumber (E	ETIN)		
NM109	67	Identification Code	С	ÁN	2/80	Required
		Description: Code identifying a party or other code	-			•
		Industry: Requester Identifier				
		<u>ExternalCodeList</u>				
		N				

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Requester Supplemental Identification

Loop: 2010B

Elements: 2

User Option (Usage): Required

To specify identifying information

Nebraska Medicaid Directive:

One of the eight (8) occurrences of this segment must contain a "ZH" in the REF01 and the Nebraska Medicaid Provider ID of the requesting Provider must be sent in the REF02.

Ref	<u>ID</u>	<u>Élement Nan</u>	<u>ne</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Id	entification Qualifier	М	ID	2/3	Required
		Description:	Code qualifying the Reference				
		Identification					
		<u>Code</u>	<u>Name</u>				
		1G	Provider UPIN Number				
		1J	Facility ID Number				
		CT	Contract Number				
		El	Employer's Identification Number				
		N5	Provider Plan Network Identification I	Number			
		N7	Facility Network Identification Number	er			
		SY	Social Security Number				
		ZH	Carrier Assigned Reference Number				
REF02	127	Reference Id	entification	С	AN	1/30	Required
		Description:	Reference information as defined for a				
		particular Tra	nsaction Set or as specified by the				
		Reference Ide	entification Qualifier				
		Industry: Re	quester Supplemental Identifier				

N3 Requester Address

Loop: 2010B

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

<u>Ref</u>	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				·
		Industry: Requester Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		Description: Address information				
		Industry: Requester Address Line				

N4 Requester City/State/ZIP Code

Loop: 2010B

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Counni	iai y i				
<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
19	City Name	0	AN	2/30	Situational
	Description: Free-form text for city name				
	Industry: Requester City Name				
156	State or Province Code	0	ID	2/2	Situational
	Description: Code (Standard State/Province) as				
	defined by appropriate government agency				
	Industry: Requester State or Province Code				
	<u>ExternalCodeList</u>				
	Name: 22				
	Description: States and Outlying Areas of the U.S.				
116	Postal Code	0	ID	3/15	Situational
	Description: Code defining international postal zone				
	code excluding punctuation and blanks (zip code for				
	United States)				
	Industry: Requester Postal Zone or ZIP Code				
	<u>ExternalCodeList</u>				
	Name: 51				
	Description: ZIP Code				
26	Country Code	0	ID	2/3	Situational
	Description: Code identifying the country				
	Industry: Requester Country Code				
	<u>ExternalCodeList</u>				
	Name: 5				
	Description: Countries, Currencies and Funds				
	<u>ID</u> 19 156	19 City Name Description: Free-form text for city name Industry: Requester City Name 156 State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Requester State or Province Code ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S. 116 Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Requester Postal Zone or ZIP Code ExternalCodeList Name: 51 Description: ZIP Code Country Code Description: Code identifying the country Industry: Requester Country Code ExternalCodeList Name: 5	D Element Name O	D Element Name City Name O AN	D Element Name Req Type Min/Max 19

PER Requester Contact Information

Loop: 2010B

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PER01	366	Contact Function Code	M	ID) 2/2	Required
		Description: Code identifying the major duty or				
		responsibility of the person or group named				
		Code Name				
PER02	93	IC Information Contact Name	0	AN	1/60	Situational
PERUZ	93	Description: Free-form name	U	AIN	1/60	Situational
		Industry: Requester Contact Name				
PER03	365	Communication Number Qualifier	С	ID	2/2	Situational
		Description: Code identifying the type of	•			0110001101101
		communication number				
		Code Name				
		EM Electronic Mail				
		FX Facsimile				
		TE Telephone				
PER04	364	Communication Number	С	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Requester Contact Communication				
PER05	365	Number Communication Number Qualifier	С	ID	2/2	Situational
FER05	303	Description: Code identifying the type of	C	טו	212	Olludional
		communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER06	364	Communication Number	С	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Requester Contact Communication				
PER07	365	Number Communication Number Qualifier	С	ID	2/2	Situational
PERUI	303	Description: Code identifying the type of	C	טו	212	Situational
		communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	С	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Requester Contact Communication				
		Number				

PRV Requester Provider Information

Loop: 2010B

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

ziemeni	Sullilli	ary:					
Ref	<u>ID</u>	Element Name	<u>e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PRV01	1221	Provider Code	<u> </u>	М	ID	1/3	Required
		Description: (Code identifying the type of provider				·
		<u>Code</u>	<u>Name</u>				
		AD	Admitting				
		AS	Assistant Surgeon				
		AT	Attending				
		CO	Consulting				
		CV	Covering				
		OP	Operating				
		OR	Ordering				
		OT	Other Physician				
		PC	Primary Care Physician				
		PE	Performing				
		RF	Referring				
PRV02	128	Reference Ide	ntification Qualifier	M	ID	2/3	Required
		Description: (Code qualifying the Reference				
		Identification					
		<u>Code</u>	<u>Name</u>				
		ZZ	Mutually Defined				
PRV03	127	Reference Ide	ntification	M	AN	1/30	Required
		Description: F	Reference information as defined for a				
		particular Tran	saction Set or as specified by the				
		Reference Idea	ntification Qualifier				
		Industry: Prov	rider Taxonomy Code				
		ExternalCode	<u>List</u>				
		Name: HCPT					
		Description: I	Health Care Provider Taxonomy				

Subscriber Level HL

Loop: 2000C

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	М	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure				
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		<u>Code</u> <u>Name</u>				
		22 Subscriber				
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				

<u>Name</u>

Additional Subordinate HL Data Segment in This Hierarchical Structure.

TRN Patient Event Tracking Number

Loop: 2000C

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	Oum	.u. y .				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
TRN01	481	Trace Type Code	M	ID	1/2	Required
		Description: Code identifying which transaction is				
		being referenced				
		Code Name				
		1 Current Transaction Trace Numbers				
TRN02	127	Reference Identification	M	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Patient Event Tracking Number				
TRN03	509	Originating Company Identifier	0	AN	10/10	Required
		Description: A unique identifier designating the				
		company initiating the funds transfer instructions.				
		The first character is one-digit ANSI identification				
		code designation (ICD) followed by the nine-digit				
		identification number which may be an IRS employer				
		identification number (EIN), data universal				
		numbering system (DUNS), or a user assigned				
		number; the ICD for an EIN is 1, DUNS is 3, user				
		assigned number is 9				
		Industry: Trace Assigning Entity Identifier				
TRN04	127	Reference Identification	0	AN	1/30	Situational
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Trace Assigning Entity Additional Identifier				

DTP Accident Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	М	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		439 Accident				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDI	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Accident Date				

DTP Last Menstrual Period Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	Caiiiii	ary.				
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		484 Last Menstrual Period				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				·
		format, or date and time format				
		Code Name				
		Date Expressed in Format CCYYMMDI)			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Last Menstrual Period Date				

DTP Estimated Date of Birth

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	37 4	Date/Time Qualifier	М	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		ABC Estimated Date of Birth				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMD)D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Estimated Birth Date				

DTP Onset of Current Symptoms or Illness Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		431 Onset of Current Symptoms or Illness				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDI)			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Onset Date				

Subscriber Diagnosis HI

Loop: 2000C

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:

The diagnosis codes returned on the response have not been validated for claims payment.

The ICD-9-CM codes will be accepted with or without a decimal. The decimal will be removed for processing of the 278 request. The ICD-9-CM code returned on the response will not contain a decimal.

Element Summary:

_161116111	Julillia	ıy.					
Ref	<u>ID</u>	Element Name		Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information		M	Comp		Required
		Description: To send health care co					
		associated dates, amounts and quan	tities				
	1270	Code List Qualifier Code		M	ID	1/3	Required
		Description: Code identifying a spec	ific industry				
		code list					
		Industry: Diagnosis Type Code					
		Nebraska Medicaid Directive: H101	must be used				
		as the Primary Diagnosis.					
		<u>Code</u> <u>Name</u>					
		BF Diagnosis					
		BJ Admitting Diagnosis					
		BK Principal Diagnosis					
	1271	Industry Code		M	AN	1/30	Required
		Description: Code indicating a code	from a specific				
		industry code list					
		Industry: Diagnosis Code					
		ExternalCodeList					
		Name: 131					
		Description: International Classificat	ion of Diseases C	linical Mo	od (ICD-9-	CM) Procedure	
	1250	Date Time Period Format Qualifier		С	ID	2/3	Situational
		Description: Code indicating the dat	e format, time				
		format, or date and time format					
		Code Name					
		D8 Date Expressed in F	ormat CCYYMMD)D			
	1251	Date Time Period		С	AN	1/35	Situational
		Description: Expression of a date, a	time, or range				
		of dates, times or dates and times					
		Industry: Diagnosis Date					
HI02	C022	Health Care Code Information		0	Comp		Situational
		Description: To send health care co	des and their		•		
		associated dates, amounts and quan	tities				
	1270	Code List Qualifier Code		M	ID	1/3	Required
		Description: Code identifying a spec	ific industry				•
		code list	•				
		Industry: Diagnosis Type Code					
		Code Name					
		BF Diagnosis					
		BJ Admitting Diagnosis					
	1271	Industry Code		M	AN	1/30	Required
	1211	Description: Code indicating a code	from a specific				
		industry code list	•				
		Industry: Diagnosis Code					
	00404044	· · · · · · · · · · · · · · · · · · ·	00				

	1250	ExternalCodeList Name: 131 Description: International Classification of Diseases Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	Clinical M C	od (ICD-9-C ID	M) Procedure 2/3	Situational
	1251	Date Expressed in Format CCYYMM Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date	DD C	AN	1/35	Situational
HI03	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code Code BF Diagnosis	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList Name: 131	M	AN	1/30	Required
	1250	Description: International Classification of Diseases Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMM	С	ID	2/3	Situational
	1251	Date Expressed in Format CCYYMM Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date	С	AN	1/35	Situational
HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code Code Name	М	ID	1/3	Required
	1271	BF Diagnosis Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList	M	AN	1/30	Required
	1250	Name: 131 Description: International Classification of Diseases Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	С	od (ICD-9-C ID	M) Procedure 2/3	Situational
	1251	Date Expressed in Format CCYYMM Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	DD C	AN	1/35	Situational
HI05	C022	Industry: Diagnosis Date Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
July 6, 2004 -	1270 004010A1	Code List Qualifier Code	M	ID	1/3	Required Nebraska Medicaid

					•	•
		Description: Code identifying a specific industry				
		code list				
		Industry: Diagnosis Type Code				
		<u>Code</u> <u>Name</u>				
	4074	BF Diagnosis			4 /0.0	
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific				
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList Name: 131				
		Description: International Classification of Diseases	Clinical Ma	24 (ICD 0 (M) Procedure	
	1250	Date Time Period Format Qualifier	Cirricar ivi	י-פּ-עטון מכ ID	2/3	Situational
	1230	Description: Code indicating the date format, time	C	ID	2/3	Situational
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMM	IDD			
	1251	Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Diagnosis Date				
HI06	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry				
		code list				
		Industry: Diagnosis Type Code				
		Code Name BF Diagnosis				
	1271	BF Diagnosis Industry Code	М	AN	1/30	Required
	1211	Description: Code indicating a code from a specific	IVI	AIN	1/30	Required
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases	Clinical Mo	od (ICD-9-0	CM) Procedure	
	1250	Date Time Period Format Qualifier	С	ÌD	[^] 2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMN				
	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
11107	0000	Industry: Diagnosis Date		0		0:4
HI07	C022	Health Care Code Information Description: To send health care codes and their	0	Comp		Situational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
	1270	Description: Code identifying a specific industry	IVI	טו	1/3	required
		code list				
		Industry: Diagnosis Type Code				
		Code Name				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific				•
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList				
		Name: 131				
	4050	Description: International Classification of Diseases	_			04 - 1
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format Code Name				
July 6 2004	I - 004010A1	Code Name - Version 1 03 31				Nebraska Medio

	1051	D8 Date Expressed in Format CCYYMMI			4.05	0
	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
1.1100	0000	Industry: Diagnosis Date	0	Caman		Cityatianal
HI08	C022	Health Care Code Information	Ο	Comp		Situational
		Description: To send health care codes and their				
	1270	associated dates, amounts and quantities	N 4	ID	1/3	Doguirod
	1270	Code List Qualifier Code Page interp. Code identifying a appeific industry	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Industry: Diagnosis Type Code				
		Code Name				
		BF Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
	, .	Description: Code indicating a code from a specific		7.11	1700	rtoquirou
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases C	Clinical M	1od (ICD-9-CM)	Procedure	
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMI				
	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
11100	0000	Industry: Diagnosis Date	0	Comm		Cityotianal
HI09	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code	М	ID	1/3	Required
	1270	Description: Code identifying a specific industry	141	iD.	170	rtequirea
		code list				
		Industry: Diagnosis Type Code				
		Code Name				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific				
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList				
		Name: 131				
	4050	Description: International Classification of Diseases	_	· '		0
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code D8 Date Expressed in Format CCYYMMI	חח			
	1251	D8 Date Expressed in Format CCYYMMI Date Time Period	С	AN	1/35	Situational
	1231	Description: Expression of a date, a time, or range	C	AIN	1/33	Situational
		of dates, times or dates and times				
		Industry: Diagnosis Date				
HI10	C022	Health Care Code Information	0	Comp		Situational
	-	Description: To send health care codes and their	-	-		
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry				•
		code list				
		Industry: Diagnosis Type Code				
		<u>Code</u> <u>Name</u>				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
	00404044	Description: Code indicating a code from a specific				Nichardo 84 P

32

industry code list Industry: Diagnosis Code **ExternalCodeList** Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** ID Situational Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD C 1251 **Date Time Period** AN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date HI11 C022 **Health Care Code Information** 0 Comp Situational Description: To send health care codes and their associated dates, amounts and quantities **Code List Qualifier Code** 1270 Μ ID 1/3 Required **Description:** Code identifying a specific industry Industry: Diagnosis Type Code Code Name BF Diagnosis 1271 **Industry Code** 1/30 Required Μ AN **Description:** Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList Name: 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** Situational Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD С 1251 **Date Time Period** ΑN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date HI12 C022 **Health Care Code Information** 0 Situational Comp Description: To send health care codes and their associated dates, amounts and quantities **Code List Qualifier Code** 1270 Μ ID 1/3 Required **Description:** Code identifying a specific industry code list Industry: Diagnosis Type Code Code Name BF Diagnosis 1271 **Industry Code** 1/30 Μ ΑN Required **Description:** Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure 1250 **Date Time Period Format Qualifier** С ID Situational Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD 1251 **Date Time Period** C ΑN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date

PWK

Additional Patient Information

Loop: 2000C

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required when a paper attachment is required by NE Medicaid. Refer to policy. If the necessary attachments are not included, a response will be sent back with "Not certified", HCR01 = 'A3', HCR03 = '90', "Requested Information not Received".

iement	Summa	ıry:					
Ref	<u>ID</u>	Element Name		Req	<u>Type</u>	Min/Max	<u>Usage</u>
PWK01	755	Report Type C	ode	M	ID	2/2	Required
		Description: C	ode indicating the title or contents of				
		a document, rej	port or supporting item				
		Industry: Attac	hment Report Type Code				
		Code	Name				
		03	Report Justifying Treatment Beyond I	Utilization	Guidelines	3	
		04	Drugs Administered				
		05	Treatment Diagnosis				
		06	Initial Assessment				
		07	Functional Goals				
		08	Plan of Treatment				
		09	Progress Report				
		10	Continued Treatment				
		11	Chemical Analysis				
		13	Certified Test Report				
		15	Justification for Admission				
		21	Recovery Plan				
		48	Social Security Benefit Letter				
		55	Rental Agreement				
		59	Benefit Letter				
		77	Support Data for Verification				
		A3	Allergies/Sensitivities Document				
		A4	Autopsy Report				
		AM	Ambulance Certification				
		AS	Admission Summary				
		AT	Purchase Order Attachment				
		B2	Prescription				
		B3	Physician Order				
		BR	Benchmark Testing Results				
		BS	Baseline				
		BT	Blanket Test Results				
		CB	Chiropractic Justification				
		CK	Consent Form(s)				
		D2	Drug Profile Document				
		DA	Dental Models				
		DB	Durable Medical Equipment Prescript	ion			
		DG	Diagnostic Report				
		DJ	Discharge Monitoring Report				
		DS	Discharge Summary				
		FM	Family Medical History Document				
		HC	Health Certificate				
		HR	Health Clinic Records				
		15	Immunization Record				
		IR	State School Immunization Records				
		LA	Laboratory Results				
			•				

		M1 NN OB OC OD OE OX P4 P5 P6 P7 PE PN PO PQ PY PZ QC QR RB RR RT RX SG V5 XP	Medical Record Attachment Nursing Notes Operative Note Oxygen Content Averaging Report Orders and Treatments Document Objective Physical Examination (inclu Oxygen Therapy Certification Pathology Report Patient Medical History Document Periodontal Charts Periodontal Reports Parenteral or Enteral Certification Physical Therapy Notes Prosthetics or Orthotic Certification Paramedical Results Physician's Report Physical Therapy Certification Cause and Corrective Action Report Quality Report Radiology Films Radiology Reports Report of Tests and Analysis Report Renewable Oxygen Content Averagin Symptoms Document Death Notification Photographs		igns) Docu	ment	
PWK02	756	Report Transn Description: C method or form Industry: Attac Nebraska Med		0	ID	1/2	Required
PWK05	66	Identification (Description: C		X	ID	1/2	Situational
PWK06	67	Identification (Description: C Industry: Attac Nebraska Med		X	AN	2/80	Situational
PWK07	352	Description Description: A related data ele	free-form description to clarify the ments and their content hment Description	0	AN	1/80	Situational

NM1 Subscriber Name

Loop: 2010CA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

<u>Ref</u> NM101	<u>ID</u> 98	<u>Élement Name</u> Entity Identifier Code	Req M	Type ID	Min/Max 2/3	<u>Usage</u> Required
INIVITOT	90	Description: Code identifying an organizational	IVI	טו	2/3	Required
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
NINAAOO	4005	IL Insured or Subscriber	N 4	ıD	4 /4	Daminad
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		Code Name				
		1 Person				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
NIN 440 4	4000	Industry: Subscriber Last Name	_		4/05	0:1 - 1: 1
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name Industry: Subscriber First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial	· ·	,	0	0.1000.00.10.
		Industry: Subscriber Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		Description: Suffix to individual name				
NIN 4400	00	Industry: Subscriber Name Suffix	•	ID.	4.0	D
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Code Name				
		MI Member Identification Number				
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: Subscriber Primary Identifier				
		Nebraska Medicaid Directive: Use the 11-digit				
		Nebraska Medicaid assigned Recipient ID number.				

REF Subscriber Supplemental Identification

Loop: 2010CA

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Nam	e	Req	Type	Min/Max	<u>Usage</u>
REF01	128		entification Qualifier	M	ID	2/3	Required
		Description: Code qualifying the Reference					- 4-
		Identification	1 , 0				
		Code	Name				
		1L	Group or Policy Number				
		1W	Member Identification Number				
		6P	Group Number				
		A6	Employee Identification Number				
		EJ	Patient Account Number				
		F6	Health Insurance Claim (HIC) Number	r			
		HJ	Identity Card Number				
		IG	Insurance Policy Number				
		N6	Plan Network Identification Number				
		NQ	Medicaid Recipient Identification Num	ber			
		SY	Social Security Number				
REF02	127	Reference Ide	entification	С	AN	1/30	Required
		Description: I	Reference information as defined for a				
		particular Tran	saction Set or as specified by the				
		Reference Ide	ntification Qualifier				
		Industry: Sub	scriber Supplemental Identifier				

DMG

Subscriber Demographic Information

Loop: 2010CA

Elements: 3

User Option (Usage): Situational

To supply demographic information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>	
DMG01	1250	Date Time Period Format Qualifier	С	ID	2/3	Required	
		Description: Code indicating the date format, time					
		format, or date and time format					
		Code Name					
		D8 Date Expressed in Format CCYYMMI	DD				
DMG02	1251	Date Time Period	С	AN	1/35	Required	
		Description: Expression of a date, a time, or range					
		of dates, times or dates and times					
		Industry: Subscriber Birth Date					
DMG03	1068	Gender Code	0	ID	1/1	Situational	
		Description: Code indicating the sex of the					
		individual					
		Industry: Subscriber Gender Code					
		<u>Code</u> <u>Name</u>					
		F Female					
		M Male					
		U Unknown					

HL Service Provider Level

Loop: 2000E

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Nebraska Medicaid Directive:

If it is necessary to send an ordering provider license and name, it must be included as a second service provider loop. The name must be present in the NM1 segment, and the provider's license number must be present in the REF segment using the REF01 qualifier of "ZH". The PRV01 should be sent as an "OR". The format of the license should be state-provider type nine-digit text right-justified and space filled.

Only two service Provider Loops will be used - one for the service provider and one for the ordering provider if it is necessary. All others will not be processed.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	ÁN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
HL02	734	hierarchical structure Hierarchical Parent ID Number	0	AN	1/12	Required
TILUZ	734	Description: Identification number of the next higher	O	AIN	1/12	Required
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		Code Name 19 Provider of Service				
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
TILOT	700	Description: Code indicating if there are hierarchical	O	ID	17 1	rtequired
		child data segments subordinate to the level being				
		described				
		<u>Code</u> <u>Name</u>				
		1 Additional Subordinate HL Data Segm	nent in Th	nis Hierard	chical Structure.	

MSG Message Text

Loop: 2000E

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Element Summary:

Ref	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
MSG01	933	Free-Form Message Text	M	AN	1/264	Required

Description: Free-form message text **Industry:** Free Form Message Text

Service Provider Name NM₁

Loop: 2010E

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

One of the following must be present:

- 1. Service provider's name in NM103/NM104/NM105.
- 2. REF01 of "ZH" and an REF02 containing the service provider's 11-digit NE Medicaid assigned provider number.

Element	Summ	nary:
Ref	ID	Fle

rieilieili	Sullilli	aiy.				
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	Usage
NM101	98	Entity Identifier Code	M	ĪD	2/3	Required
		Description: Code identifying an organizational				- 4-
		entity, a physical location, property or an individual				
		Code Name				
		1T Physician, Clinic or Group Practice				
		FA Facility				
		SJ Service Provider				
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
NIVITOZ	1005	Description: Code qualifying the type of entity	IVI	טו	17.1	required
		Code Name				
		1 Person				
		Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
INIVITUS	1033		U	AIN	1/33	Situational
		Description: Individual last name or organizational				
		name				
		Industry: Service Provider Last or Organization Name				
NM104	1036	Name First	0	AN	1/25	Situational
111111104	1030		U	AIN	1/23	Situational
		Description: Individual first name Industry: Service Provider First Name				
NIMAOE	1027	Name Middle	0	AN	1/25	Cituational
NM105	1037		U	AIN	1/25	Situational
		Description: Individual middle name or initial				
NIN 4407	4000	Industry: Service Provider Middle Name	_	A N I	4/40	0:44:
NM107	1039	Name Suffix	O AN		1/10	Situational
		Description: Suffix to individual name				
NIN 4400	00	Industry: Service Provider Name Suffix	_	ın	4.0	0:44:
NM108	66	Identification Code Qualifier	С	ID	1/2	Situational
		Description: Code designating the system/method				
		of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: Use code "46" only.				
		Code Name				
		46 Electronic Transmitter Identification N	_ `	,		
NM109	67	Identification Code	С	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Service Provider Identifier				
		Nebraska Medicaid Directive: If 2010E				
		PRV01="OR", then NM104 must contain the state				
		license number. The state license number must be				
		the two-digit alphabetical postal state code				
		abbreviation, followed by the state license number.				
		For example, NE123456.				
		ExternalCodeList				
		Name: 537				

Description: Health Care Financing Administration National Provider Identifier

REF Service Provider Supplemental Identification

Loop: 2010E

Elements: 2

User Option (Usage): Required

To specify identifying information

Nebraska Medicaid Directive:

One of the following must be present:

- 1. Service provider's name in NM103/NM104/NM105.
- 2. REF01 of "ZH" and an REF02 containing the service provider's 11-digit NE Medicaid assigned provider number.

Ref	<u>ID</u>	Élement Name	9	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Ide	ntification Qualifier	M	ID	2/3	Required
		Description: 0 Identification	Description: Code qualifying the Reference dentification				
		<u>Code</u>	<u>Name</u>				
		1G	Provider UPIN Number				
		1J	Facility ID Number				
		EI	Employer's Identification Number				
		N5	Provider Plan Network Identification N	lumber			
		N7	Facility Network Identification Number	r			
		SY	Social Security Number				
		ZH	Carrier Assigned Reference Number				
REF02	127	Reference Ide	ntification	С	AN	1/30	Required
		Description: F	Reference information as defined for a				
		particular Trans	saction Set or as specified by the				
		Reference Ider	ntification Qualifier				
		Industry: Serv	ice Provider Supplemental Identifier				

N3 Service Provider Address

Loop: 2010E

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Service Provider Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		Description: Address information				
		Industry: Service Provider Address Line				

N4 Service Provider City/State/ZIP Code

Loop: 2010E

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	it Guillii	iai y .				
<u>Ref</u>	<u>ID</u> 19	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Situational
		Description: Free-form text for city name				
		Industry: Service Provider City Name				
N402	156	State or Province Code	0	ID	2/2	Situational
		Description: Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Service Provider State or Province Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code	O ID	ID	3/15	Situational
		Description: Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Service Provider Postal Zone or ZIP Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Situational
		Description: Code identifying the country				
		Industry: Service Provider Country Code				
		<u>ExternalCodeList</u>				
		Name: 5				
		Description: Countries, Currencies and Funds				

PER Service Provider Contact Information

Loop: 2010E

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Sum	marv	1
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<u>Ref</u> PER01	<u>ID</u> 366	Element Name Contact Function Code	Req M	Type ID	Min/Max 2/2	<u>Usage</u> Reguired
1 2101	000	Description: Code identifying the major duty responsibility of the person or group named		i.b	2,2	rtoquilou
		Code Name IC Information Contact				
PER02	93	Name	0	AN	1/60	Situational
		Description: Free-form name				
		Industry: Service Provider Contact Name				
PER03	365	Communication Number Qualifier	С	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number				
		Code Name EM Electronic Mail				
		FX Facsimile				
		TE Telephone				
PER04	364	Communication Number	С	AN	1/80	Situational
		Description: Complete communications num	ber			
		including country or area code when applicab				
		Industry: Service Provider Contact Communication	ication			
DEDOG	005	Number	0	ın	0/0	0:4
PER05	365	Communication Number Qualifier Description: Code identifying the type of	С	ID	2/2	Situational
		communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER06	364	Communication Number	. С	AN	1/80	Situational
		Description: Complete communications num				
		including country or area code when applicab Industry: Service Provider Contact Communications				
		Number	CallOII			
PER07	365	Communication Number Qualifier	С	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile TE Telephone				
PER08	364	Communication Number	С	AN	1/80	Situational
I LIXOO	JU -1	Description: Complete communications num		7.11	1700	Oltuational
		including country or area code when applicab				
		Industry: Service Provider Contact Communication				
		Number				
July 6, 2004 -	004010A1 ·	- Version 1.03 45				Nebraska Medic

PRV Service Provider Information

Loop: 2010E

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

-161116111	Julilli	aıy.					
<u>Ref</u>	<u>ID</u>	Element Nam	<u>1e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PRV01	1221	Provider Cod	le e	М	ID	1/3	Required
		Description:	Code identifying the type of provider				•
		<u>Code</u>	Name				
		AD	Admitting				
		AS	Assistant Surgeon				
		AT	Attending				
		CO	Consulting				
		CV	Covering				
		OP	Operating				
		OR	Ordering				
		OT	Other Physician				
		PC	Primary Care Physician				
		PE	Performing				
PRV02	128	Reference Id	entification Qualifier	M	ID	2/3	Required
		Description:					
		Identification					
		<u>Code</u>	<u>Name</u>				
		ZZ	Mutually Defined				
PRV03	127	Reference Id	entification	M	AN	1/30	Required
		Description:	Reference information as defined for a				
			nsaction Set or as specified by the				
			entification Qualifier				
			vider Taxonomy Code				
		<u>ExternalCode</u>					
		Name: HCPT					
		Description:	Health Care Provider Taxonomy				

HL Service Level

Loop: 2000F

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure				
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		<u>Code</u> <u>Name</u>				
		SS Services				
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				
		Code Name				

Code
0Name
No Subordinate HL Segment in This Hierarchical Structure.

TRN Service Trace Number

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Name Trace Type Code Description: Code identifying which transaction is being referenced	Req M	<u>Type</u> ID	Min/Max 1/2	<u>Usage</u> Required
Description: Code identifying which transaction is being referenced	M	ID	1/2	Required
being referenced				
O a ala Nassa				
<u>Code</u> <u>Name</u>				
1 Current Transaction Trace Numbers				
Reference Identification	M	AN	1/30	Required
Description: Reference information as defined for a				
particular Transaction Set or as specified by the				
Reference Identification Qualifier				
Industry: Service Trace Number				
Originating Company Identifier	0	AN	10/10	Required
Description: A unique identifier designating the				
company initiating the funds transfer instructions.				
The first character is one-digit ANSI identification				
code designation (ICD) followed by the nine-digit				
identification number which may be an IRS employer				
identification number (EIN), data universal				
numbering system (DUNS), or a user assigned				
number; the ICD for an EIN is 1, DUNS is 3, user				
assigned number is 9				
Industry: Trace Assigning Entity Identifier				
Reference Identification	0	AN	1/30	Situational
Description: Reference information as defined for a				
particular Transaction Set or as specified by the				
Reference Identification Qualifier				
Industry: Trace Assigning Entity Additional Identifier				
	Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Service Trace Number Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: Trace Assigning Entity Identifier Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Service Trace Number Originating Company Identifier Obescription: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: Trace Assigning Entity Identifier Reference Identification Obescription: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Service Trace Number Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: Trace Assigning Entity Identifier Reference Identification O AN Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Service Trace Number Originating Company Identifier Identification: Originating Company Identifier Identification Identifier Identification Identifier Identification Identifier Iden

Health Care Services Review UM Information

Loop: 2000F

Elements: 10

User Option (Usage): Required

To specify health care services review information

Nebraska Medicaid Directive:

Refer to the 278 Auth Service Type Edit Determination in Appendix B.

Elemen	t	Su	m	m	ar۱	/ :
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Element	Summa	ry:					
Ref	ID	Élement Name	•	Req	<u>Type</u>	Min/Max	Usage
<u>UM</u> 01	1525	Request Cate		M	ID	1/2	Required
		Description: C	code indicating a type of request				•
		<u>Code</u>	<u>Name</u>				
		AR	Admission Review				
		HS	Health Services Review				
		SC	Specialty Care Review				
UM02	1322	Certification T		0	ID	1/1	Required
		Description: C	code indicating the type of certification				
		<u>Code</u>	<u>Name</u>				
		1	Appeal - Immediate				
		2	Appeal - Standard				
		3	Cancel				
		4	Extension				
		Ī	Initial				
		R	Renewal				
		S	Revised				
UM03	1365	Service Type		Ο	ID	1/2	Required
		•	ode identifying the classification of				
		service	itaald Discations Fan a discut in a				
			licaid Directive: For a client in a				
			eceiving hospice care, use the				
		service type co					
		<u>Code</u> 1	Name Medical Care				
		2	Surgical				
		3	Consultation				
		4	Diagnostic X-Ray				
		5	Diagnostic Lab				
		6	Radiation Therapy				
		7	Anesthesia				
		8	Surgical Assistance				
		12	Durable Medical Equipment Purchase				
		14	Renal Supplies in the Home				
		15	Alternate Method Dialysis				
		16	Chronic Renal Disease (CRD) Equipm	nent			
		17	Pre-Admission Testing				
		18	Durable Medical Equipment Rental				
		20	Second Surgical Opinion				
		21	Third Surgical Opinion				
		23	Diagnostic Dental				
		24	Periodontics				
		25	Restorative				
		26	Endodontics				
		27	Maxillofacial Prosthetics				
		28	Adjunctive Dental Services				
		33	Chiropractic				
1.1.0 0004	00404044	1/	40				Nichard Nichard

	Health Care Services Review: Request for Re
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45 40	Hospice
48 50	Hospital - Inpatient
50 51	Hospital - Outpatient Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
63 64	Donor Procedures
65	Acupuncture Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74 	Private Duty Nursing
75 70	Prosthetic Device
76 77	Dialysis Otological Evam
7 <i>1</i> 78	Otological Exam Chemotherapy
70 79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry Office Visite
94	Podiatry - Office Visits
95 98	Podiatry - Nursing Home Visits Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9 AB	Rehabilitation
AB AC	Rehabilitation - Inpatient Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
ΑI	Substance Abuse

AG ΑI

ΑJ

Substance Abuse

Alcoholism

		AK Drug Addiction AL Vision (Optometry) AR Experimental Drug Therapy BB Partial Hospitalization (Psychiatric) BC Day Care (Psychiatric) BD Cognitive Therapy BE Massage Therapy BF Pulmonary Rehabilitation BG Cardiac Rehabilitation BS Invasive Procedures				
UM04	C023	Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	0	Comp		Situational
	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code ExternalCodeList Name: 236 Description: Uniform Billing Claim Form Bill Type ExternalCodeList Name: 237	M	AN	1/2	Required
	1332	Description: Place of Service from Health Care Final Facility Code Qualifier Description: Code identifying the type of facility referenced Code A Uniform Billing Claim Form Bill Type B Place of service code from the FAO	Ō	ID	1/2	Required s National Standard
UM05	C024	Format Related Causes Information Description: To identify one or more related causes and associated state or country information	0	Comp		Situational
	1362	Related-Causes Code Description: Code identifying an accompanying cause of an illness, injury or an accident Industry: Related Causes Code Code AA Auto Accident AP Another Party Responsible	M	ID	2/3	Required
	1362	EM Employment Related-Causes Code Description: Code identifying an accompanying cause of an illness, injury or an accident Industry: Related Causes Code Code AP Another Party Responsible	0	ID	2/3	Situational
	1362	Related-Causes Code Description: Code identifying an accompanying cause of an illness, injury or an accident Industry: Related Causes Code Code Name Anather Part - Pa	0	ID	2/3	Situational
	156	AP Another Party Responsible State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: State Code ExternalCodeList Name: 22	Ο	ID	2/2	Situational
July 6, 2004 -	26 · 004010A1	Description: States and Outlying Areas of the U.S. Country Code - Version 1.03 51	0	ID	2/3	Situational Nebraska Medicaid

		Description: 0 ExternalCode Name: 5	Code identifying the country List				
		Description:	Countries, Currencies and Funds				
UM06	1338	Level of Serv	ice Code	0	ID	1/3	Situational
		Description:	Code specifying the level of service				
		rendered					
		<u>Code</u>	<u>Name</u>				
		U	Urgent				
	1010	03	Emergency	•		4.4	0
UM07	1213		th Condition Code	0	ID	1/1	Situational
		condition of the	Code indicating current health				
			e mandada dard codes are used.				
UM08	923	Prognosis Co		0	ID	1/1	Situational
CIVIOO	323		Code indicating physician's prognosis	O	טו	17 1	Olluational
		for the patient					
			dard codes are used.				
UM09	1363	Release of Inf	formation Code	0	ID	1/1	Required
			Code indicating whether the provider				•
		has on file a si	igned statement by the patient				
			e release of medical data to other				
		organizations					
		<u>Code</u>	<u>Name</u>				
		A	Appropriate Release of Information of Review Organization				
		l	Informed Consent to Release Medica Federal Statutes				
		M	The Provider has Limited or Restricte	d Ability to	Release	Data Related t	o a Claim
		0	On file at Payor or at Plan Sponsor				
		Υ	Yes, Provider has a Signed Statemer	nt Permittin	g Release	e of Medical Bi	lling Data Related to
1111440	4544	Dalay Dagaan	a Claim	_	ın	4/0	0:4
UM10	1514	Delay Reason	Code indicating the reason why a	0	ID	1/2	Situational
		request was d					
		Code	Name				
		1	Proof of Eligibility Unknown or Unava	ilable			
		2	Litigation				
		3	Authorization Delays				
		4	Delay in Certifying Provider				
		7	Third Party Processing Delay				
		8	Delay in Eligibility Determination				
		10	Administration Delay in the Prior App	roval Proce	ess		
		11	Other				
		15	Natural Disaster				
		16	Lack of Information				
		17	No response to initial request				

REF Previous Certification Identification

Loop: 2000F

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
		Description: Code qualifying the Reference				
		Identification				
		<u>Code</u> <u>Name</u>				
		BB Authorization Number				
REF02	127	Reference Identification	С	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Previous Certification Identifier				

DTP Service Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	• • • • • • • • • • • • • • • • • • • •	ω. γ.				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		472 Service				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMI	DD			
		RD8 Range of Dates Expressed in Format	CCYYM	MDD-CCY	YMMDD	
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Service Date				

DTP Admission Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		435 Admission				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMI				
		RD8 Range of Dates Expressed in Format	CCYYM	MDD-CCY	YMMDD	
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Admission Date				

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DTP Discharge Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

			_	_		
<u>Ref</u>	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				•
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		096 Discharge				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Discharge Date				

DTP Surgery Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	Oum	a. y.				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	М	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				•
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		456 Surgery				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				•
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMDE)			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Surgery Date				

HI Procedures

Loop: 2000F

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Elemen	t Sullilli	aiy.									
<u>Ref</u>	<u>ID</u>	Element Na	<u>me</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>				
HI01	C022	Health Care	Code Information	M	Comp		Required				
		Description	: To send health care codes and their		•		•				
		associated of	associated dates, amounts and quantities								
	1270	Code List C	ualifier Code	M	ID	1/3	Required				
		Description	: Code identifying a specific industry				,				
		code list	code list								
		Code									
		ВО	BO Health Care Financing Administration Common Procedural Coding System								
		BQ									
			Nebraska Medicaid Directive: The ICD-9-CM codes will be accepted with or without a decimal. The decimal will be								
		removed for processing of the 278 request. The ICD-9-CM code returned on the response									
			will not contain a decimal.								
		JP National Standard Tooth Numbering System									
		ZZ	Mutually Defined								
		ABR	Assigned by Receiver								
			Nebraska Medicaid Directive:								
			Revenue code.								
		NDC	National Drug Code (NDC)								
	1271	Industry Co		M	AN	1/30	Required				
			: Code indicating a code from a specific								
		industry cod									
			Industry: Procedure Code								
		ExternalCodeList									
		Name: 130									
		Description: Health Care Financing Administration Common Procedural Coding System									
		<u>ExternalCodeList</u>									
			Name: 131								
		•	: International Classification of Diseases	Clinical IV	10a (ICD-9	-CM) Procedure					
		ExternalCo	<u>aelist</u>								
		Name: 132	· National Uniform Billing Committee (NI	IDC) and							
		-	: National Uniform Billing Committee (NU	JBC) COUE	5						
		ExternalCo Name: 134	ueList								
			: National Drug Code								
		ExternalCo									
		Name: 135	delist								
			: American Dental Association Codes								
		ExternalCodeList Name: 240									
			: National Drug Code by Format								
	1250	•	Period Format Qualifier	С	ID	2/3	Situational				
	1230		: Code indicating the date format, time	C	טו	210	Olluational				
			to and time format								

Code

D8

format, or date and time format

Name

Date Expressed in Format CCYYMMDD

	DD0	Pango of Datos Evarossod in Forms	of CCVVIV	IMDD CCV	ZMMDD.	
1251	-		_			Situational
1231			C	AN	1/33	Situational
	•					
782			0	R	1/18	Situational
			_			
	customary cha	arge.				
380	Quantity		0	R	1/15	Situational
799			0	AN	1/30	Situational
COOO			0	Comp		Cituational
C022			O	Comp		Situational
	•					
1270			M	ID	1/3	Required
1270			IVI	ID	1/3	rtequired
	-	Code identifying a specific industry				
		Name				
			n Commo	n Procedur	al Coding Syst	em
	BQ					
	JP				,	
	ABR	Assigned by Receiver	•			
		Nebraska Medicaid Directive:				
		Use with Revenue code.				
	-					
1271			М	AN	1/30	Required
		<u>elisi</u>				
		Health Care Financing Administration (Common I	Procedural (Coding System	1
	-		301111110111	roccaarar	oding Cyclen	
		<u></u>				
		International Classification of Diseases	Clinical N	/lod (ICD-9-	CM) Procedure	е
	ExternalCode	<u>eList</u>		•	•	
	Name: 132					
			JBC) code	es		
		<u>eList</u>				
		<u>eList</u>				
		American Dental Association Codes				
		<u>ecist</u>				
		National Drug Code by Format				
1250			С	ID	2/3	Situational
			_			
	Code	<u>Name</u>				
	D8					
	RD8	Range of Dates Expressed in Forma	at CCYYM		YMMDD	
1251			С	AN	1/35	Situational
700			_	-	4/40	0:4
782			Ü	К	1/18	Situational
	Industry: Pro	cedure Monetary Amount 59				Nebraska Medica
	799 C022 1270 1271 1250 1251 782	Description: of dates, time Industry: Pro Nebraska Me customary chi 380 Quantity Description: Industry: Pro Nebraska Me customary chi 380 Quantity Description: Industry: Pro 799 Version Iden Description: program, tech Industry: Ver Co22 Health Care of Description: code List Qui Description: code list Code BO BQ JP ABR NDC 1271 Industry Code Industry: Pro ExternalCode Name: 130 Description: industry code Industry: Pro ExternalCode Name: 131 Description: ExternalCode Name: 132 Description: ExternalCode Name: 134 Description: ExternalCode Name: 135 Description: ExternalCode Name: 240 Description: ExternalCode Name: 240 Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8 1251 Date Time Pe Description: format, or date Code D8 RD8	1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date Monetary Amount Description: Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Submit usual and customary charge. 380 Quantity Description: Numeric value of quantity Industry: Procedure Quantity Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code Description: Code identifying a specific industry code list Code Description: Code identifying a specific industry code list Code Name BO Health Care Financing Administratic BQ International Classification of Diseas JP National Standard Tooth Numbering ABR Assigned by Receiver Nebraska Medicaid Directive: Use with Revenue code. National Drug Code (NDC) Industry Code Description: Code indicating a code from a specific industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration of ExternalCodeList Name: 131 Description: International Classification of Diseases ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NtexternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: National Drug Code by Format Description: National Drug Code by Format Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Time Period Format Qualifier Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date Monetary Amount Description: Monetary amount Industry: Procedure Date	1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date Monetary Amount Description: Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Submit usual and customary charge. 380 Quantity Description: Numeric value of quantity Industry: Procedure Quantity Oescription: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier Description: To send health care codes and their associated dates, amounts and quantities Code Ist Code List Qualifier Code Meast Description: Code identifying a specific industry code list Code Ist Industry Code Industry Code Industry Code Industry Code Ist Industry Code Ist Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Industry: Procedure Code ExternalCodeList Name: 131 Description: National Uniform Billing Committee (NUBC) Code ExternalCodeList Name: 135 Description: National Drug Code ExternalCodeList Name: 135 Description: National Drug Code ExternalCodeList Name: 135 Description: National Drug Code Description: National Drug Code ExternalCodeList Name: 136 Description: National Drug Code by Format Code Name Das Date Expressed in Format Codes ExternalCodeList Name: 240 Description: National Drug Code by Format Dascription: Monetary Amount Description: Expression of a date, a time, or range of dates, times or dates and time Industry: Procedure Date 782 Monetary Amount Description: Monetary Amount Industry: Procedure	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date 782 Monetary Amount Description: Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Submit usual and customary charge. 380 Quantity Description: Numeric value of quantity Industry: Procedure Quantity 799 Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Procedure Quantity 799 Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Code Lescription: Code identifying a specific industry code list Code Health Care Financing Administration Common Procedure BO International Classification of Diseases Clinical Modification JP National Standard Tooth Numbering System ABR Assigned by Receiver Nebraska Medicaid Directive: Use with Revenue code. NDC National Drug Code (NDC) 1271 Industry Code Description: Code indicating a code from a specific industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural (Industry: Procedure Code ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: National Drug Code by Format Description: American Dental Association Codes ExternalCodeList Name: 136 Description: National Drug Code by Format Description: National Drug Code by Format Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMMDD Description: Code indicating the date format code in Format CCYYMMDD Description: National Drug Code by	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times industry: Procedure Date industry: Procedure Monetary Amount Description: Monetary Amount Nebraska Medicaid Directive: Submit usual and customary charge. 380 Quantity Description: Numeric value of quantity Industry: Procedure Quantity Industry: Version Identified Passes, or Industry Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier Industry: Version, Release, or Industry Identifier Industry: Version, Release, or Industry Identifier Industry: Version: Release, or Industry Identifier Industry: Code Information On Comp Description: Code Identifying a specific industry code list Industry: Code Industry Industry Industry: Procedure Quantities Industry: Procedure Industry: Procedure Industry: Procedure Code Industry: Procedure Code Industry: Procedure Code ExternalCodeList Name: 131 Description: Code Indicating a code from a specific industry: Procedure Code ExternalCodeList Name: 131 Description: Identification Industry: Procedure Code ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 134 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 135 Description: National Drug Code by Format Description: National Drug Code Promat Qualifier Code Indicating the date format, time format, or date and time format Code Indicating the date format, time format, or date and time format Code Indicating the date format, time format, or date and time format Industry: Procedure Date Industry: Procedure One Industry: Procedure One Industry: Procedure Notes In

		Nebraska Medicaid Directive: Submit usual and customary charge.				
	380	Quantity Description: Numeric value of quantity	0	R	1/15	Situational
		Industry: Procedure Quantity				
	799	Version Identifier	0	AN	1/30	Situational
		Description: Revision level of a particular format,				
		program, technique or algorithm				
HI03	C022	Industry: Version, Release, or Industry Identifier Health Care Code Information	0	Comp		Situational
11100	0022	Description: To send health care codes and their	O	Comp		Olluational
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry				
		code list				
		Code Name		n Dunnandı in		
		BO Health Care Financing Administration BQ International Classification of Diseas				
		JP National Standard Tooth Numbering		i woullcau	on (ICD-9-CIVI)	Flocedule
		ZZ Mutually Defined	Cystem			
		ABR Assigned by Receiver				
		NDC National Drug Code (NDC)				
	1271	Industry Code	М	AN	1/30	Required
		Description: Code indicating a code from a specific				
		industry code list				
		Industry: Procedure Code ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration C	Common F	rocedural (Coding System	1
		<u>ExternalCodeList</u>			0 ,	
		Name: 131				
		Description: International Classification of Diseases	Clinical M	lod (ICD-9-	CM) Procedure	Э
		ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NL	IBC) code	e		
		ExternalCodeList	DO) code	.3		
		Name: 134				
		Description: National Drug Code				
		<u>ExternalCodeList</u>				
		Name: 135				
		Description: American Dental Association Codes				
		ExternalCodeList Name: 240				
		Description: National Drug Code by Format				
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMM		MDD 00\0	(1.41.4DD	
	1251	RD8 Range of Dates Expressed in Forma Date Time Period	C CCYYM	AN	1/35	Situational
	1231	Description: Expression of a date, a time, or range	C	AIN	1/33	Situational
		of dates, times or dates and times				
		Industry: Procedure Date				
	782	Monetary Amount	0	R	1/18	Situational
		Description: Monetary amount				
		Industry: Procedure Monetary Amount				
		Nebraska Medicaid Directive: Submit usual and				
	380	customary charge. Quantity	0	R	1/15	Situational
	300	Description: Numeric value of quantity	J	Γ	1/10	JilualiUllal
		Industry: Procedure Quantity				
	799	Version Identifier	0	AN	1/30	Situational
		Description: Revision level of a particular format,				
		program, technique or algorithm				
		Industry: Version, Release, or Industry Identifier				
1111V 6 200	14 - ()()4()1()A ⁻	1 - Version 1 03 60				Nebraska Medic

HI04	C022	Health Care Code Information Description: To send health care codes and	O I their	Comp		Situational			
		associated dates, amounts and quantities							
	1270	Code List Qualifier Code	M	ID	1/3	Required			
		Description: Code identifying a specific indu	ıstry						
		code list							
		Code Name BO Health Care Financing Adm	inistration Comm	on Procedur	al Coding Syst	om			
		BQ International Classification of							
		JP National Standard Tooth Nu		ai woamcau	on (IOD 5 OW)	, i roccaure			
		ABR Assigned by Receiver	g cyclo						
		NDC National Drug Code (NDC)							
	1271	Industry Code	M	AN	1/30	Required			
		Description: Code indicating a code from a	specific						
		industry code list							
		Industry: Procedure Code							
		ExternalCodeList Name: 130							
		Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList							
		Name: 131							
		Description: International Classification of D	iseases Clinical I	Mod (ICD-9-	CM) Procedure	е			
		<u>ExternalCodeList</u>							
		Name: 132	:ttoo (NILIDO) and						
		Description: National Uniform Billing Comm ExternalCodeList	ittee (NOBC) cod	es					
		Name: 134							
		Description: National Drug Code							
		<u>ExternalCodeList</u>							
		Name: 135							
		Description: American Dental Association C	Codes						
		ExternalCodeList Name: 240							
		Description: National Drug Code by Format							
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational			
	1200	Description: Code indicating the date forma		15	2,0	Oltaational			
		format, or date and time format	, -						
		Code Name							
		D8 Date Expressed in Format C							
	1051	RD8 Range of Dates Expressed i				Cityotional			
	1251	Date Time Period Description: Expression of a date, a time, o	C r rango	AN	1/35	Situational			
		of dates, times or dates and times	i range						
		Industry: Procedure Date							
	782	Monetary Amount	0	R	1/18	Situational			
		Description: Monetary amount							
		Industry: Procedure Monetary Amount							
		Nebraska Medicaid Directive: Submit usua	I and						
	380	customary charge. Quantity	0	R	1/15	Situational			
	300	Description: Numeric value of quantity	O	Γ	1/13	Situational			
		Industry: Procedure Quantity							
	799	Version Identifier	0	AN	1/30	Situational			
		Description: Revision level of a particular fo	rmat,						
		program, technique or algorithm							
11105	0000	Industry: Version, Release, or Industry Iden		0		0:44:1			
HI05	C022	Health Care Code Information Description: To send health care codes and	O I their	Comp		Situational			
		Description: To send health care codes and their associated dates, amounts and quantities							
	1270	Code List Qualifier Code	М	ID	1/3	Required			
	•	Description: Code identifying a specific indu		· -					
		code list	-						
		Code Name							
		BO Health Care Financing Adm							
		BQ International Classification of JP National Standard Tooth Nu		ai iviodificati	on (ICD-9-CM)	riocedure			
July 6, 200	4 - 004010A	- Version 1 03 National Standard Tootii Nu	mbering System			Nebraska Medic			

NDC National Drug Code (NDC) 1271 **Industry Code** 1/30 М AN Required Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes **ExternalCodeList** Name: 134 **Description:** National Drug Code **ExternalCodeList** Name: 135 **Description:** American Dental Association Codes ExternalCodeList Name: 240 **Description:** National Drug Code by Format 1250 **Date Time Period Format Qualifier** С ID 2/3 Situational Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD 1251 Situational **Date Time Period** С ΑN 1/35 Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date 782 **Monetary Amount** 0 R 1/18 Situational **Description:** Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Submit usual and customary charge. 380 0 R Quantity 1/15 Situational **Description:** Numeric value of quantity **Industry:** Procedure Quantity Version Identifier 799 0 ΑN 1/30 Situational **Description:** Revision level of a particular format. program, technique or algorithm Industry: Version, Release, or Industry Identifier HI06 C022 **Health Care Code Information** 0 Comp Situational Description: To send health care codes and their associated dates, amounts and quantities 1270 **Code List Qualifier Code** ID 1/3 Required Μ **Description:** Code identifying a specific industry code list Code Name BO Health Care Financing Administration Common Procedural Coding System BΩ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JΡ National Standard Tooth Numbering System **ABR** Assigned by Receiver NDC National Drug Code (NDC) 1271 **Industry Code** Μ ΑN 1/30 Required **Description:** Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System **ExternalCodeList**

ABR

Assigned by Receiver

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList Name: 240

Description: National Drug Code by Format

1250 Date Time Period Format Qualifier C ID 2/3 Situational

Description: Code indicating the date format, time

format, or date and time format

Code Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251 Date Time Period C AN 1/35 Situational

Description: Expression of a date, a time, or range

of dates, times or dates and times

Industry: Procedure Date

782 **Monetary Amount** O R 1/18 Situational

Description: Monetary amount

Industry: Procedure Monetary Amount

Nebraska Medicaid Directive: Submit usual and customary charge.

380 **Quantity** O R 1/15 Situational

Description: Numeric value of quantity

Industry: Procedure Quantity

799 Version Identifier

O AN 1/30 Situational

Description: Revision level of a particular format,

program, technique or algorithm

Industry: Version, Release, or Industry Identifier

C022 Health Care Code Information O Comp Situational

Description: To send health care codes and their

associated dates, amounts and quantities

1270 Code List Qualifier Code M ID 1/3 Required

Description: Code identifying a specific industry

code list

HI07

Code Name

BO Health Care Financing Administration Common Procedural Coding System

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

JP National Standard Tooth Numbering System

ABR Assigned by Receiver

NDC National Drug Code (NDC)

1271 Industry Code M AN 1/30 Required

Description: Code indicating a code from a specific

industry code list

Industry: Procedure Code

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

		•	n: American Dental Associ	ation Codes				
		ExternalCo	<u>deList</u>					
		Name: 240	National Drug Code by	Format				
	1250		n: National Drug Code by Period Format Qualifier	гоппас	С	ID	2/3	Situational
	1230		n: Code indicating the date	e format, time	O	ID	2/0	Oltaational
		•	ate and time format					
		Code	<u>Name</u>					
		D8	Date Expressed in Fo					
		RD8	Range of Dates Expr	essed in Forma				.
	1251	Date Time I		··	С	AN	1/35	Situational
			n: Expression of a date, a nes or dates and times	time, or range				
			rocedure Date					
	782	Monetary A			0	R	1/18	Situational
			n: Monetary amount					
			rocedure Monetary Amou					
			Medicaid Directive: Subm	nit usual and				
	000	customary o	charge.			_	444=	0., ,,
	380	Quantity	n: Numeric value of quanti	4. ,	0	R	1/15	Situational
			rocedure Quantity	ιy				
			Medicaid Directive: One of	occurrence of				
			rocedure code number of					
			ization is retained.					
	799	Version Ide			0	AN	1/30	Situational
			n: Revision level of a partic	cular format,				
		program, te	chnique or algorithm	un . I al a satifi a s				
HI08	C022		ersion, Release, or Indust Code Information	ry identilier	0	Comp		Situational
11100	0022		n: To send health care coo	les and their	O	Comp		Situational
			dates, amounts and quant					
	1270		Qualifier Code		M	ID	1/3	Required
		Description	n: Code identifying a spec	fic industry				
		code list						
		<u>Code</u>	Name	a Administration	n Commo	o Drooodur	al Cadina Cuat	om.
		BO BQ	Health Care Financin International Classific					
		JP	National Standard To			i Woallicati	on (IOD 3 OW)	rioccaure
		ABR	Assigned by Receive		C J C I			
			Nebraska Medicaid					
			Use with Revenue of					
	4074	NDC	National Drug Code (NDC)			4.00	
	1271	Industry Co		from a apocific	M	AN	1/30	Required
		industry cod	Code indicating a code le list	nom a specific				
			rocedure Code					
		ExternalCo						
		Name: 130						
			n: Health Care Financing A	Administration C	Common P	rocedural (Coding System	1
		ExternalCo	<u>deList</u>					
		Name: 131	u International Classificati	on of Discosoo	Clinical M	od (ICD 0)	CM) Dropodur	_
		ExternalCo	ı: International Classificati	OII OI DISEASES	Cillical ivi	ou (100-9-	Sivi) Procedure	7
		Name: 132	<u>uctiot</u>					
		Description	n: National Uniform Billing	Committee (NL	JBC) code	S		
		ExternalCo			,			
		Name: 134						
			n: National Drug Code					
		ExternalCo	aeList					
		Name: 135	n: American Dental Associ	ation Codes				
		ExternalCo		ation Codes				
		Name: 240						
			n: National Drug Code by	Format				
	1250	Date Time I	Period Format Qualifier		С	ID	2/3	Situational
July 6, 200	4 - 0040104	1 - Version 1 03		64				Nebraska Medic

		Description: Code indicating the date format, time format, or date and time format				
		CodeNameD8Date Expressed in Format CCYYMRD8Range of Dates Expressed in Format CCYYM		IMDD-CCY\	/MMDD	
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date	С	AN	1/35	Situational
	782	Monetary Amount Description: Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Submit usual and customary charge.	0	R	1/18	Situational
	380	Quantity Description: Numeric value of quantity Industry: Procedure Quantity	0	R	1/15	Situational
	799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier	0	AN	1/30	Situational
HI09	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		CodeNameBOHealth Care Financing AdministratiBQInternational Classification of DiseaJPNational Standard Tooth NumberinABRAssigned by ReceiverNDCNational Drug Code (NDC)	ases Clinica			
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration ExternalCodeList Name: 131 Description: International Classification of Disease	Common			
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NExternalCodeList Name: 134		•	J.W.) T 1000ddi	
		Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240				
	1250	Description: National Drug Code by Format Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYM		ID	2/3	Situational
	1251	RD8 Range of Dates Expressed in Form Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date	С	AN	1/35	Situational
July 6, 2004	782 - 004010A	Monetary Amount I - Version 1.03 65	0	R	1/18	Situational Nebraska Medicaid

		Description: Monetary amount				
		Industry: Procedure Monetary Amount				
		Nebraska Medicaid Directive: Submit usual and				
	000	customary charge.		_	4/45	0
	380	Quantity Description: Numeric value of quantity	0	R	1/15	Situational
		Industry: Procedure Quantity				
	799	Version Identifier	0	AN	1/30	Situational
		Description: Revision level of a particular format,	· ·	,		0.1.00.1.0.1
		program, technique or algorithm				
		Industry: Version, Release, or Industry Identifier				
HI10	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their				
	1270	associated dates, amounts and quantities Code List Qualifier Code	М	ID	1/3	Required
	1270	Description: Code identifying a specific industry	IVI	ID	1/3	Required
		code list				
		Code Name				
		BO Health Care Financing Administration	n Commor	n Procedur	al Coding Syst	em
		BQ International Classification of Diseas		Modification	on (ICD-9-CM)	Procedure
		JP National Standard Tooth Numbering	System			
		ABR Assigned by Receiver				
	1271	NDC National Drug Code (NDC) Industry Code	М	AN	1/30	Required
	1211	Description: Code indicating a code from a specific	IVI	A11	1750	required
		industry code list				
		Industry: Procedure Code				
		ExternalCodeList				
		Name: 130	_			
		Description: Health Care Financing Administration C	ommon P	rocedural (Coding System	1
		ExternalCodeList Name: 131				
		Description: International Classification of Diseases	Clinical M	od (ICD-9-	CM) Procedure	9
		ExternalCodeList			J, 1. 1000 da	
		Name: 132				
		Description: National Uniform Billing Committee (NU	IBC) codes	S		
		ExternalCodeList				
		Name: 134				
		Description: National Drug Code ExternalCodeList				
		Name: 135				
		Description: American Dental Association Codes				
		<u>ExternalCodeList</u>				
		Name: 240				
	4050	Description: National Drug Code by Format	•	15	0.10	0
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time	С	ID	2/3	Situational
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMN	IDD			
		RD8 Range of Dates Expressed in Forma	t CCYYMI	MDD-CCY	YMMDD	
	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times Industry: Procedure Date				
	782	Monetary Amount	0	R	1/18	Situational
	. 02	Description: Monetary amount	Ū		., 10	Olladional
		Industry: Procedure Monetary Amount				
		Nebraska Medicaid Directive: Submit usual and				
		customary charge.		_		
	380	Quantity	0	R	1/15	Situational
		Description: Numeric value of quantity				
	799	Industry: Procedure Quantity Version Identifier	0	AN	1/30	Situational
	1 33	Description: Revision level of a particular format,	J	\(\tau\)	1/30	Gituational
		program technique er algerithm				

HI11	C022	Industry: Version, Release, or Industry Identifier Health Care Code Information	0	Comp		Situational	
	0022	Description: To send health care codes and their	J	Comp		Gitadional	
	1070	associated dates, amounts and quantities	N 4	ID	4/0	Deswined	
	1270	Code List Qualifier Code Description: Code identifying a specific industry	M	ID	1/3	Required	
		code list					
		Code Name		Б			
		BO Health Care Financing Administration BQ International Classification of Disease					
		JP National Standard Tooth Numbering		ai wodincati	on (IOD-9-OW)	1 Toccadic	
		ABR Assigned by Receiver					
	1271	NDC National Drug Code (NDC) Industry Code	М	AN	1/30	Required	
	1211	Description: Code indicating a code from a specific	IVI	AIN	1750	required	
		industry code list					
		Industry: Procedure Code ExternalCodeList					
		Name: 130					
		Description: Health Care Financing Administration (Common	Procedural (Coding System	1	
		ExternalCodeList Name: 131					
		Description: International Classification of Diseases	Clinical N	Mod (ICD-9-	CM) Procedure	е	
		ExternalCodeList		•	•		
		Name: 132 Description: National Uniform Billing Committee (NU	IBC) code	29			
		ExternalCodeList	3BC) cou	C 3			
		Name: 134					
		Description: National Drug Code ExternalCodeList					
		Name: 135					
		Description: American Dental Association Codes					
		ExternalCodeList Name: 240					
		Description: National Drug Code by Format					
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational	
		Description: Code indicating the date format, time format, or date and time format					
		Code Name					
		D8 Date Expressed in Format CCYYMM RD8 Range of Dates Expressed in Format					
	1251	Date Time Period	C	AN	1/35	Situational	
		Description: Expression of a date, a time, or range		,			
		of dates, times or dates and times Industry: Procedure Date					
	782	Monetary Amount	0	R	1/18	Situational	
		Description: Monetary amount					
		Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Submit usual and					
		customary charge.					
	380	Quantity	0	R	1/15	Situational	
		Description: Numeric value of quantity Industry: <i>Procedure Quantity</i>					
	799	Version Identifier	0	AN	1/30	Situational	
		Description: Revision level of a particular format,					
		program, technique or algorithm Industry: Version, Release, or Industry Identifier					
HI12	C022	Health Care Code Information	0	Comp		Situational	
		Description: To send health care codes and their					
	1270	associated dates, amounts and quantities Code List Qualifier Code	М	ID	1/3	Required	
	•	Description: Code identifying a specific industry					
		code list Code Name					
		BO Health Care Financing Administration	n Commo	on Procedura	al Coding Svst	em	
		BQ International Classification of Diseas				Procedure	
July 6 2004	- 004010A1	- Version 1.03 67				Nebraska Medica	

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1/30

JP National Standard Tooth Numbering System

ABR Assigned by Receiver NDC National Drug Code (NDC)

1271 Industry Code M AN 1/30 Required

Description: Code indicating a code from a specific

industry code list

Industry: Procedure Code

ExternalCodeList Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList Name: 135

Description: American Dental Association Codes

ExternalCodeList Name: 240

Description: National Drug Code by Format

1250 Date Time Period Format Qualifier C ID 2/3 Situational

Description: Code indicating the date format, time

format, or date and time format

Code Name

Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251 Date Time Period C AN 1/35 Situational

Description: Expression of a date, a time, or range

of dates, times or dates and times

Industry: Procedure Date

782 Monetary Amount O

Description: Monetary amount

Industry: Procedure Monetary Amount

Nebraska Medicaid Directive: Submit usual and

customary charge.

380 **Quantity** O R 1/15 Situational

Description: Numeric value of quantity

Industry: Procedure Quantity
Version Identifier

799 **Version Identifier** O **Description:** Revision level of a particular format.

program, technique or algorithm

Industry: Version, Release, or Industry Identifier

Situational

Situational

HSD Health Care Services Delivery

Loop: 2000F

Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	/ :
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<u>Ref</u> HSD01	<u>ID</u> 673	Element Name Quantity Qualifier	Req C	Type ID	Min/Max 2/2	<u>Usage</u> Situational
		Description: Code specifying the type of quantity Code Name DY Days FL Units HS Hours MN Month VS Visits				
HSD02	380	Quantity Description: Numeric value of quantity Industry: Service Unit Count	С	R	1/15	Situational
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Code DA Days MO Months WK Week	0	ID	2/2	Situational
HSD04	1167	Sample Selection Modulus Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	0	R	1/6	Situational
HSD05	615	Time Period Qualifier Description: Code defining periods Code Hour Day Years Episode Visit Month Week	С	ID	1/2	Situational
HSD06	616	Number of Periods Description: Total number of periods Industry: Period Count	Ο	N0	1/3	Situational
HSD07	678	Ship/Delivery or Calendar Pattern Code Description: Code which specifies the routine shipments, deliveries, or calendar pattern Industry: Ship, Delivery or Calendar Pattern Code All valid standard codes are used.	0	ID	1/2	Situational
HSD08	679	Ship/Delivery Pattern Time Code Description: Code which specifies the time for routine shipments or deliveries Industry: Delivery Pattern Time Code Code Name	0	ID	1/1	Situational
July 6 2004	00401041	Vorsion 1.03				Nobracka Modic

- A 1st Shift (Normal Working Hours)
- B 2nd Shift
 C 3rd Shift
 D A.M.
 E P.M.
 F As Directed
 G Any Shift
- G Any Shift
 Y None (Also Used to Cancel or Override a Previous Pattern)

CRC Patient Condition Information

Loop: 2000F

Elements: 7

User Option (Usage): Situational

To supply information on conditions

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

⊏iement	Summ	ary:				
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
CRC01	1136	Code Category	M	ID	2/2	Required
		Description: Specifies the situation or category to				
		which the code applies				
		<u>Code</u> <u>Name</u>				
		07 Ambulance Certification				
		08 Chiropractic Certification				
		11 Oxygen Therapy Certification				
		75 Functional Limitations				
		76 Activities Permitted				
		77 Mental Status				
CRC02	1073	Yes/No Condition or Response Code	М	ID	1/1	Required
		Description: Code indicating a Yes or No condition				
		or response				
		Industry: Certification Condition Indicator				
		<u>Code</u> <u>Name</u> N No				
		Y Yes				
CRC03	1321	Condition Indicator	М	ID	2/2	Required
01000 102	1021	Description: Code indicating a condition	IVI	טו	212	required
		Industry: Condition Code				
		All valid standard codes are used.				
CRC04	1321	Condition Indicator	0	ID	2/2	Situational
		Description: Code indicating a condition				
		Industry: Condition Code				
		All valid standard codes are used.				
CRC05	1321	Condition Indicator	0	ID	2/2	Situational
		Description: Code indicating a condition				
		Industry: Condition Code				
		All valid standard codes are used.				
CRC06	1321	Condition Indicator	0	ID	2/2	Situational
		Description: Code indicating a condition				
		Industry: Condition Code				
		All valid standard codes are used.	_			
CRC07	1321	Condition Indicator	0	ID	D 2/2	Situational
		Description: Code indicating a condition				
		Industry: Condition Code				
		All valid standard codes are used.				

CL1 Institutional Claim Code

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To supply information specific to hospital claims

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Odilliii	ary.				
<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
1315	Admission Type Code	0	ĪD	1/1	Situational
	Description: Code indicating the priority of this				
	admission				
	<u>ExternalCodeList</u>				
	Name: 231				
	Description: Admission Type Code				
1314	Admission Source Code	0	ID	1/1	Situational
	Description: Code indicating the source of this				
	admission				
	<u>ExternalCodeList</u>				
	Name: 230				
	Description: Admission Source Code				
1352	Patient Status Code	0	ID	1/2	Situational
	Description: Code indicating patient status as of the				
	"statement covers through date"				
	ExternalCodeList				
	Name: 239				
	Description: Patient Status Code				
1345	Nursing Home Residential Status Code	0	ID	1/1	Situational
	Description: Code specifying the status of a nursing				
	home resident at the time of service				
	All valid standard codes are used.				
	1315 1314 1352	Admission Type Code Description: Code indicating the priority of this admission ExternalCodeList Name: 231 Description: Admission Type Code 1314 Admission Source Code Description: Code indicating the source of this admission ExternalCodeList Name: 230 Description: Admission Source Code 1352 Patient Status Code Description: Code indicating patient status as of the "statement covers through date" ExternalCodeList Name: 239 Description: Patient Status Code 1345 Nursing Home Residential Status Code Description: Code specifying the status of a nursing home resident at the time of service	ID Element Name Admission Type Code Description: Code indicating the priority of this admission ExternalCodeList Name: 231 Description: Admission Type Code 1314 Admission Source Code Description: Code indicating the source of this admission ExternalCodeList Name: 230 Description: Admission Source Code 1352 Patient Status Code Description: Code indicating patient status as of the "statement covers through date" ExternalCodeList Name: 239 Description: Patient Status Code 1345 Nursing Home Residential Status Code Description: Code specifying the status of a nursing home resident at the time of service	D Element Name Req Type	Element Name

CR6 Home Health Care Information

Loop: 2000F

Elements: 16

User Option (Usage): Situational

To supply information related to the certification of a home health care patient

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summ	ary:				
Ref	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
CR601	923	Prognosis Code	M	ID	1/1	Required
		Description: Code indicating physician's prognosis				
		for the patient				
		All valid standard codes are used.				
CR602	373	Date	M	DT	8/8	Required
		Description: Date expressed as CCYYMMDD				
00000	4050	Industry: Service From Date			0.40	0
CR603	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		CodeNameRD8Range of Dates Expressed in Forma	+ CCVVIAI		VMMDD	
CR604	1251	Date Time Period	C	AN	1/35	Situational
CR004	1231	Description: Expression of a date, a time, or range	C	AIN	1/33	Situational
		of dates, times or dates and times				
		Industry: Home Health Certification Period				
CR606	1073	Yes/No Condition or Response Code	0	ID	1/1	Required
0.1000		Description: Code indicating a Yes or No condition	•			. 10 9 0
		or response				
		Industry: Skilled Nursing Facility Indicator				
		Code Name				
		N No				
		U Unknown				
		Y Yes				
CR607	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
		Description: Code indicating a Yes or No condition				
		or response				
		Industry: Medicare Coverage Indicator				
		Code Name				
		N No U Unknown				
		Y Yes				
CR608	1322	Certification Type Code	М	ID	1/1	Required
CITOOO	1022	Description: Code indicating the type of certification	IVI	טו	17 1	required
		Code Name				
		1 Appeal - Immediate				
		2 Appeal - Standard				
		3 Cancel				
		4 Extension				
		l Initial				
		R Renewal				
		S Revised				
CR609	373	Date	С	DT	8/8	Situational
		Description: Date expressed as CCYYMMDD				
CD610	225	Industry: Surgery Date	_	ID	2/2	Cituational

Product/Service ID Qualifier

235

CR610

С

ID

2/2

Situational

		Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: <i>Product or Service ID Qualifier</i>				
CR611	1137	Medical Code Value Description: Code value for describing a medical	С	AN	1/15	Situational
		condition or procedure Industry: Surgical Procedure Code				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration C ExternalCodeList Name: 131	ommon Pi	ocedural C	oding System	
		Description: International Classification of Diseases	Clinical Mo	od (ICD-9-C	M) Procedure	
CR612	373	Date	0	ĎΤ	8/8	Situational
		Description: Date expressed as CCYYMMDD Industry: <i>Physician Order Date</i>				
CR613	373	Date	0	DT	8/8	Situational
		Description: Date expressed as CCYYMMDD				
		Industry: Last Visit Date				.
CR614	373	Date	0	DT	8/8	Situational
		Description: Date expressed as CCYYMMDD				
CD61E	1250	Industry: Physician Contact Date Date Time Period Format Qualifier	С	ID	2/2	Situational
CR615	1250	Description: Code indicating the date format, time	C	טו	2/3	Situational
		format, or date and time format				
		Code Name				
		RD8 Range of Dates Expressed in Format	CCYYMN	IDD-CCYY	MMDD	
CR616	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Last Admission Period				
CR617	1384	Patient Location Code	С	ID	1/1	Situational
		Description: Code identifying the location where				
		patient is receiving medical treatment				
		Industry: Patient Discharge Facility Type Code				
		All valid standard codes are used.				

PWK

Additional Service Information

Loop: 2000F

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required when a paper attachment is required by NE Medicaid. Refer to policy. If the necessary attachments are not included, a response will be sent back with "Not certified: HCR01 = 'A3' & HCR03 = '90' "Requested Information not Received".

ieiiieiit	Julillia	aıy.					
Ref	<u>ID</u>	Element Name		Req	<u>Type</u>	Min/Max	<u>Usage</u>
PWK01	755	Report Type C		М	ID	2/2	Required
			code indicating the title or contents of				
			port or supporting item				
			chment Report Type Code				
		<u>Code</u>	<u>Name</u>				
		03	Report Justifying Treatment Beyond I	Utilization	Guidelines	;	
		04	Drugs Administered				
		05	Treatment Diagnosis				
		06	Initial Assessment				
		07	Functional Goals				
		08	Plan of Treatment				
		09	Progress Report				
		10	Continued Treatment				
		11	Chemical Analysis				
		13	Certified Test Report				
		15	Justification for Admission				
		21	Recovery Plan				
		48	Social Security Benefit Letter				
		55	Rental Agreement				
		59	Benefit Letter				
		77	Support Data for Verification				
		A3	Allergies/Sensitivities Document				
		A4	Autopsy Report				
		AM	Ambulance Certification				
		AS	Admission Summary				
		AT	Purchase Order Attachment				
		B2	Prescription				
		B3	Physician Order				
		BR	Benchmark Testing Results				
		BS	Baseline				
		BT	Blanket Test Results				
		CB	Chiropractic Justification				
		CK	Consent Form(s)				
		D2	Drug Profile Document				
		DA	Dental Models				
		DB	Durable Medical Equipment Prescript	ion			
		DG	Diagnostic Report				
		DJ	Discharge Monitoring Report				
		DS	Discharge Summary				
		FM	Family Medical History Document				
		HC	Health Certificate				
		HR	Health Clinic Records				
		15	Immunization Record				
		İR	State School Immunization Records				
		LA	Laboratory Results				
		-· ·					

		M1	Medical Record Attachment				
		NN	Nursing Notes				
		OB	Operative Note				
		OC	Oxygen Content Averaging Report				
		OD	Orders and Treatments Document				
		OE	Objective Physical Examination (inclu	ding vital	signs) Do	cument	
		OX	Oxygen Therapy Certification				
		P4	Pathology Report				
		P5	Patient Medical History Document				
		P6	Periodontal Charts				
		P7	Periodontal Reports				
		PE	Parenteral or Enteral Certification				
		PN	Physical Therapy Notes				
		PO	Prosthetics or Orthotic Certification				
		PQ	Paramedical Results				
		PY	Physician's Report				
		PZ	Physical Therapy Certification				
		QC	Cause and Corrective Action Report				
		QR	Quality Report				
		RB	Radiology Films				
		RR	Radiology Reports				
		RT	Report of Tests and Analysis Report				
		RX	Renewable Oxygen Content Averagin	g Report			
		SG	Symptoms Document	•			
		V5	Death Notification				
		XP	Photographs				
PWK02	756	Report Trans	smission Code	0	ID	1/2	Required
		Description:	Code defining timing, transmission				
		method or for	mat by which reports are to be sent				
		Industry: Atta	achment Transmission Code				
		Code	<u>Name</u>				
		AA	Available on Request at Provider Site				
		BM	By Mail				
		EL	Electronically Only				
		EM	E-Mail				
		FX	By Fax				
		VO	Voice				
PWK05	66	Identification	n Code Qualifier	Χ	ID	1/2	Situational
		Description:	Code designating the system/method				
		of code struct	ture used for Identification Code (67)				
		<u>Code</u>	<u>Name</u>				
		AC	Attachment Control Number				
PWK06	67	Identification		Χ	AN	2/80	Situational
			Code identifying a party or other code				
			achment Control Number				
			edicaid Directive: Refer to Appendix A,				
			tachment Guidelines.				
PWK07	352	Description		0	AN	1/80	Situational
			A free-form description to clarify the				
			elements and their content				
		Industry: Atta	achment Description				

Message Text MSG

Loop: 2000F

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Element Name Ref Req **Type** Min/Max <u>Usage</u> 933 MSG01 Free-Form Message Text 1/264 Required ΑN

Description: Free-form message text Industry: Free Form Message Text

Nebraska Medicaid Directive: Refer to Appendix C,

Nebraska Medicaid Workarounds.

SE Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

<u>Ref</u>	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
SE01	96	Number of Included Segments	М	N0	1/10	Required
		Description: Total number of segments included in a transaction set including ST and SE segments				•
		Industry: Transaction Segment Count				
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	М	AN	4/9	Required

GE Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
97	Number of Transaction Sets Included	M	N0	1/6	Required
	Description: Total number of transaction sets				-
	included in the functional group or interchange				
	(transmission) group terminated by the trailer				
	containing this data element				
28	Group Control Number	M	N0	1/9	Required
	Description: Assigned number originated and				
	maintained by the sender				
	97	97 Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element 28 Group Control Number Description: Assigned number originated and	97 Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element 28 Group Control Number Description: Assigned number originated and	97 Number of Transaction Sets Included M N0 Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element 28 Group Control Number M N0 Description: Assigned number originated and	97 Number of Transaction Sets Included M N0 1/6 Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element 28 Group Control Number M N0 1/9 Description: Assigned number originated and

IEA

Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
IEA01	<u>11</u> 6	Number of Included Functional Groups	M	N0	1/5	Required
		Description: A count of the number of functional groups included in an interchange				·
IEA02	l12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required

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Health Care Services Review - Response to Request for Review

Functional Group=HI

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Not I	Defin	ed:
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<u>Pos</u>	<u>ID</u>	Segment Name	<u>Max Use</u>	Repeat	NE Medicaid Usage
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

<u>Pos</u>	<u>ID</u>	Segment Name	<u>Max Use</u>	<u>Repeat</u>	NE Medicaid Usage
010	ST	Transaction Set Header	1		Required
020	BHT	Beginning of Hierarchical	1		Required
		Transaction			

Detail:

<u>ID</u>	Segment Name	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
P ID - 2000	A		1	
HL	Utilization Management Organization (UMO) Level	1		Required
AAA	Request Validation	9		Used
P ID - 2010	<u>A</u>		1	
NM1	Utilization Management Organization (UMO) Name	1		Required
PER	Utilization Management Organization (UMO) Contact Information	1		Used
AAA	Utilization Management Organization (UMO) Request Validation	9		Used
	AAA PID - 2010 NM1 PER	PID - 2000A HL Utilization Management Organization (UMO) Level AAA Request Validation PID - 2010A NM1 Utilization Management Organization (UMO) Name PER Utilization Management Organization (UMO) Contact Information AAA Utilization Management Organization (UMO) Request	PID - 2000A HL Utilization Management 1 Organization (UMO) Level AAA Request Validation 9 PID - 2010A NM1 Utilization Management 1 Organization (UMO) Name PER Utilization Management 1 Organization (UMO) Contact Information AAA Utilization Management 9 Organization (UMO) Request	PID - 2000A

LOO	P ID - 2000	<u> </u>		1	
010	HL	Requester Level	1	-	Required
LOO	P ID - 2010	<u>B</u>		1	
170	NM1	Requester Name	1	-	Required
180	REF	Requester Supplemental	8		Used
		Identification			
230	AAA	Requester Request Validation	9		Used
240	PRV	Requester Provider Information	1		Used

LOO	P ID - 2000	OC .		1	
010	HL	Subscriber Level	1		Required
020	TRN	Patient Event Tracking Number	3		Used
030	AAA	Subscriber Request Validation	9		Used
070	DTP	Accident Date	1		Used
070	DTP	Last Menstrual Period Date	1		Used
070	DTP	Estimated Date of Birth	1		Used
070	DTP	Onset of Current Symptoms or Illness Date	1		Used

080 155	HI PWK	Subscriber Diagnosis Additional Patient Information	1 10	Used Used			
LOO	P ID - 2010	<u>CA</u>		<u>1</u>			
170	NM1	Subscriber Name	1		Required		
180	REF	Subscriber Supplemental	9		Used		
		Identification					
230	AAA	Subscriber Request Validation	9		Used		
250	DMG	Subscriber Demographic	1		Used		
200	Divio	Information					
<u>L00</u>	P ID - 2010	<u>CB</u>		<u>1</u>			
170	NM1	Additional Patient Information	1		Used		
		Contact Name					
200	N3	Additional Patient Information	1		Used		
		Contact Address					
210	N4	Additional Patient Information	1		Used		
		Contact City/State/Zip Code					
220	PER	Additional Patient Information	1		Used		
220	1 =10	Contact Information			Used		
<u>L00</u>	P ID - 2000			<u>1</u>			
010	HL	Dependent Level	1		Not Used		
020	TRN	Patient Event Tracking Number	3		Not Used		
030	AAA	Dependent Request Validation	9		Not Used		
070	DTP	Accident Date	1		Not Used		
070	DTP	Last Menstrual Period Date	1		Not Used		
070	DTP	Estimated Date of Birth	1		Not Used		
070	DTP	Onset of Current Symptoms or	1		Not Used		
070	DII	Illness Date			1101 0304		
080	HI	Dependent Diagnosis	1		Not Used		
155	PWK	Additional Patient Information	10		Not Used		
			10		Not Osed		
	P ID - 2010		4	<u>1</u>	Nethbert		
170	NM1	Dependent Name	1		Not Used		
180	REF	Dependent Supplemental	3		Not Used		
		Identification					
230	AAA	Dependent Request Validation	9		Not Used		
250	DMG	Dependent Demographic	1		Not Used		
		Information					
260	INS	Dependent Relationship	1		Not Used		
1.00	D ID 2040	DD.		4			
	P ID - 2010		4	<u>1</u>	Nettleed		
170	NM1	Additional Patient Information	1		Not Used		
000	NO	Contact Name	4		Neglie		
200	N3	Additional Patient Information	1		Not Used		
		Contact Address					
210	N4	Additional Patient Information	1		Not Used		
		Contact City/State/Zip Code					
220	PER	Additional Patient Information	1		Not Used		
		Contact Information					
1.00	P ID - 2000	E		<u>>1</u>			
010	HL	Service Provider Level	1	<u> </u>	Required		
160	MSG		1		Used		
		Message Text	<u> </u>		Oseu		
	P ID - 2010		4	<u>3</u>	D		
170	NM1	Service Provider Name	<u>1</u>		Required		
180	REF	Service Provider Supplemental	7		Used		
		Identification					
200	N3	Service Provider Address	1		Used		
210	N4	Service Provider City/State/ZIP	1		Used		
		Code					
220	PER	Service Provider Contact	1		Used		
		Information					
230	AAA	Service Provider Request	9		Used		
		Validation	-				
240	PRV	Service Provider Information	1		Used		
			<u>'</u>	-	3334		
	P ID - 2000			<u>>1</u>			
010	HL	Service Level	1		Required		

020	TRN	Service Trace Number	3	Used			
030	AAA	Service Request Validation	9	Used			
040	UM	Health Care Services Review Information	1	Required			
050	HCR	Health Care Services Review	1	Used			
060	REF	Previous Certification Identification	1	1 Used			
070	DTP	Service Date	1	Used			
070	DTP	Admission Date	1	Used			
070	DTP	Discharge Date	1	Used			
070	DTP	Surgery Date	1	Used			
070	DTP	Certification Issue Date	1	Used			
070	DTP	Certification Expiration Date	1	Used			
070	DTP	Certification Effective Date	1	Used			
080	HI	Procedures	1	Used			
090	HSD	Health Care Services Delivery	1	Used			
110	CL1	Institutional Claim Code	1	Used			
120	CR1	Ambulance Transport Information	1	Not Used			
130	CR2	Spinal Manipulation Service Information	1	Not Used			
140	CR5	Home Oxygen Therapy Information	1	Not Used			
150	CR6	Home Health Care Information	1	Used			
155	PWK	Additional Service Information	10	Used			
160	MSG	Message Text	1	Used			
LOOF	P ID - 2010	<u>F</u>		<u>1</u>			
170	NM1	Additional Service Information Contact Name	1	Used			
200	N3	Additional Service Information Contact Address	1	Used			
210	N4	Additional Service Information Contact City/State/Zip Code	1	Used			
220	PER	Additional Service Information Contact Information	1	Used			
280	SE	Transaction Set Trailer	1	Required			

Not Defined:

<u>Pos</u>	<u>ID</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA Interd

Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element	Summa	ıry:					
Ref	<u>ID</u>	Élement Name)	Req	Type	Min/Max	Usage
ISA01	10 1		Information Qualifier	M	ĪD	2/2	Required
		Description: (Code to identify the type of information				- 1-
			ation Information				
		Code	Name				
		00	No Authorization Information Present	(No Mea	ninaful Inf	ormation in I02)	
		03	Additional Data Identification	(110 11104	imigiai iiii	51111ation in 102)	
ISA02	102	Authorization		М	AN	10/10	Required
10/102	102		nformation used for additional	IVI	711	10/10	required
			authorization of the interchange				
			lata in the interchange; the type of				
			set by the Authorization Information				
			et by the Authorization information				
ISA03	103	Qualifier (I01)	mation Qualifier	М	ID	2/2	Doguirod
13A03	103			IVI	טו	212	Required
			Code to identify the type of information				
		in the Security					
		Code	Name	Maaninaf	ul Informa	tion in IOA)	
		00	No Security Information Present (No I	weariingi	ui illioillia	11011 111 104)	
10404	10.4	01	Password		A N I	40/40	Demined
ISA04	104	Security Infor		М	AN	10/10	Required
			his is used for identifying the security				
			out the interchange sender or the data				
			nge; the type of information is set by				
10 4 0 5	105		formation Qualifier (I03)		ın	0/0	Daminad
ISA05	105	Interchange II		М	ID	2/2	Required
			Qualifier to designate the				
			of code structure used to designate				
			eceiver ID element being qualified				
		Code	Name				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				· · · · · · · · · · · · · · · · · · ·
		27	Carrier Identification Number as assig				
		28	Fiscal Intermediary Identification Num	nber as as	ssignea by	Health Care Fir	nancing
		00	Administration (HCFA)	::c: t: N	l l		-lth O Firei
		29	Medicare Provider and Supplier Ident	litication i	number as	assigned by He	eaith Care Financing
		20	Administration (HCFA)				
		30	U.S. Federal Tax Identification Number	-	0	OI- (NIAIO	
		33	National Association of Insurance Co	mmission	iers Comp	any Code (NAIC	·)
10.4.00	100	ZZ	Mutually Defined			45445	D
ISA06	106	Interchange S		М	AN	15/15	Required
			dentification code published by the				
			r parties to use as the receiver ID to				
			em; the sender always codes this				
10.4.0=			nder ID element			0.40	.
ISA07	105	Interchange II		М	ID	2/2	Required
			Qualifier to designate the				
			I of code structure used to designate				
			eceiver ID element being qualified				
		Code	Name (Day of Baratatanat)				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		11 1 100					

		20 27 28	Health Industry Number (HIN) Carrier Identification Number as assi Fiscal Intermediary Identification Nur				
		29	Administration (HČFA) Medicare Provider and Supplier Iden				•
		30 33	Administration (HCFA) U.S. Federal Tax Identification Numb National Association of Insurance Co		ers Compa	any Code (NAIC	:)
10,400	107	ZZ	Mutually Defined		-		
ISA08	107	receiver of the sender as their	dentification code published by the data; When sending, it is used by the sending ID, thus other parties in will use this as a receiving ID to	М	AN	15/15	Required
ISA09	108	Interchange D	ate	M	DT	6/6	Required
ISA10	109	Interchange Ti	ate of the interchange i me ime of the interchange	М	TM	4/4	Required
ISA11	I10	Interchange C Description: C responsible for message that is and trailer	ontrol Standards Identifier tode to identify the agency the control standard used by the s enclosed by the interchange header ard codes are used.	M	ID	1/1	Required
ISA12	l11	Interchange C Description: C	ontrol Version Number code specifying the version number of control segments Name Draft Standards for Trial Use Approv	M ed for Publ	ID ication by	5/5 ASC X12 Proc	Required edures Review
ISA13	l12	Interchange C	Board through October 1997 ontrol Number	М	N0	9/9	Required
10/110	112		control number assigned by the	IVI	140	3/3	required
ISA14	I13	Description: Continued interchange ac	ent Requested dode sent by the sender to request an knowledgment (TA1) ard codes are used.	M	ID	1/1	Required
ISA15	I14	Usage Indicate Description: C	or code to indicate whether data s interchange envelope is test,	M	ID	1/1	Required
ISA16	l15	Component El Description: T element separa element; this fie separate comp composite data	reement Separator ype is not applicable; the component ype is not applicable; the component ype is a delimiter and not a data eld provides the delimiter used to onent data elements within a structure; this value must be different lement separator and the segment	M		1/1	Required

GS Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Elemen	t Sumn	nary:				
Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	Usage
GS01	479	Functional Identifier Code	M	ID	2/2	Required
		Description: Code identifying a group of application				•
		related transaction sets				
		<u>Code</u> <u>Name</u>				
		HI Health Care Services Review Informat	tion (278	,		
GS02	142	Application Sender's Code	M	AN	2/15	Required
		Description: Code identifying party sending				
0000	404	transmission; codes agreed to by trading partners			045	Б
GS03	124	Application Receiver's Code	M	AN	2/15	Required
		Description: Code identifying party receiving				
0004	272	transmission; codes agreed to by trading partners	N 4	DT	0./0	Dogwined
GS04	373	Date Description: Data expressed as CCVVMMDD	M	DT	8/8	Required
GS05	337	Description: Date expressed as CCYYMMDD Time	М	TM	4/8	Required
G305	337	Description: Time expressed in 24-hour clock time	IVI	I IVI	4/0	Required
		as follows: HHMM, or HHMMSS, or HHMMSSD, or				
		HHMMSSDD, where H = hours (00-23), M = minutes				
		(00-59), S = integer seconds (00-59) and DD =				
		decimal seconds; decimal seconds are expressed as				
		follows: D = tenths (0-9) and DD = hundredths (00-				
		99)				
GS06	28	Group Control Number	M	N0	1/9	Required
		Description: Assigned number originated and				
		maintained by the sender				
GS07	455	Responsible Agency Code	M	ID	1/2	Required
		Description: Code identifying the issuer of the				
		standard; this code is used in conjunction with Data				
		Element 480				
		Code Name X Accredited Standards Committee X12				
GS08	480	Version / Release / Industry Identifier Code	М	AN	1/12	Required
9300	400	Description: Code indicating the version, release,	IVI	AIN	1/12	rtequired
		subrelease, and industry identifier of the EDI				
		standard being used, including the GS and GE				
		segments; if code in DE455 in GS segment is X,				
		then in DE 480 positions 1-3 are the version number;				
		positions 4-6 are the release and subrelease, level of				
		the version; and positions 7-12 are the industry or				
		trade association identifiers (optionally assigned by				
		user); if code in DE455 in GS segment is T, then				
		other formats are allowed				
		Code Name				
		004010 Draft Standards Approved for Publicat	ion by A	SC X12 P	rocedures Revie	w Board through
		October 1997	iana kara 4 s	00 V40 D	waaaduwaa Da 🖖	De and there !
		004010X061A1 Draft Standards Approved for Publicat	•			w Board through
		October 1997, as published in this imp 004010X091A1 Draft Standards Approved for Publicat				w Roard through
		October 1007, as published in this imp				w board unough

October 1997, as published in this implementation guide.

October 1997, as published in this implementation guide.

004010X092A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through

004010X093A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through

- October 1997, as published in this implementation guide.
- 004010X094A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X095A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X096A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X097A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X098A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

ST Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

<u>Ref</u>	<u>ID</u>	Element Name	Req	Type	<u>Min/Max</u>	<u>Usage</u>
Ref ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required
		Description: Code uniquely identifying a				•
		Transaction Set				
		Code Name				
		278 Health Care Services Review Informa	ition			
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
		Description: Identifying control number that must be				-
		unique within the transaction set functional group				
		assigned by the originator for a transaction set				

BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	Usage
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required
Billot	1000	Description: Code indicating the hierarchical		10	17 1	rtoquirou
		application structure of a transaction set that utilizes				
		the HL segment to define the structure of the				
		transaction set				
		Code Name				
		0078 Information Source, Information Rece	iver. Sub	scriber. D	ependent, Provid	der of Service.
		Services	,	,		,
BHT02	353	Transaction Set Purpose Code	М	ID	2/2	Required
		Description: Code identifying purpose of transaction				•
		set				
		Code Name				
		11 Response				
BHT03	127	Reference Identification	0	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Submitter Transaction Identifier	_			
BHT04	373	Date	0	DT	8/8	Required
		Description: Date expressed as CCYYMMDD				
DUTOE	007	Industry: Transaction Set Creation Date	0	T. 4	4/0	Daminad
BHT05	337	Time	0	TM	4/8	Required
		Description: Time expressed in 24-hour clock time				
		as follows: HHMM, or HHMMSSD, or HHMMSSD, or				
		HHMMSSDD, where H = hours (00-23), M = minutes				
		(00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as				
		follows: D = tenths (0-9) and DD = hundredths (00-				
		99)				
		Industry: Transaction Set Creation Time				
BHT06	640	Transaction Type Code	0	ID	2/2	Situational
2	0.0	Description: Code specifying the type of transaction				0110001101101
		Code Name				
		18 Response - No Further Updates to Fo	llow			
		19 Response - Further Updates to Follow				
		AT Administrative Action				

HL Utilization Management Organization (UMO) Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
		Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a level in a hierarchical structure Code Name				·
		20 Information Source				
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	0	ID	1/1	Required
		<u>Code</u> <u>Name</u>				

Additional Subordinate HL Data Segment in This Hierarchical Structure.

AAA Request Validation

Loop: 2000A

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	•		D	T	M: /M	
<u>ID</u>						<u>Usage</u>
1073		•	M	ID	1/1	Required
	Description:	: Code indicating a Yes or No condition				
	or response					
	Industry: Va	alid Request Indicator				
	Code	<u>Name</u>				
	N	No				
	Υ	Yes				
901	Reiect Reas	on Code	0	ID	2/2	Required
	•					- 1-
	•	9 ,				
		•				
		•				
990			\circ	ID	1/1	Required
009	•		O	טו	17 1	Required
	•	. Code identifying follow-up actions				
		Maria				
	-					
		•				
	\/	De Net Deschasit, Me Mill Held Verm	D = = = = t			
	901 889	1073 Yes/No Con Description or response Industry: Va Code N Y 901 Reject Reas Description reason for re Code 04 41 42 79 889 Follow-up A	D Element Name Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Valid Request Indicator Code Name No Y Yes No Y Yes Yes Yes Potential State of the provided Registry of the provided	D Element Name Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Valid Request Indicator Code Name N No Y Yes Yes Please Resubmit Original Transaction Name Nam	D Element Name Yes/No Condition or Response Code M ID	D Element Name Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Valid Request Indicator Code Name N

Utilization Management NM₁ **Organization (UMO) Name**

Loop: 2010A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element	Summary:
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	Oulling	ui y .				
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	М	ID	2/3	Required
		Description: Code identifying an organizational				
		entity, a physical location, property or an individual				
		Code Name X3 Utilization Management Organization				
NM102	1065		М	ID	1/1	Doguirod
INIVI IUZ	1005	Entity Type Qualifier Description: Code qualifying the type of entity	IVI	טו	1/ 1	Required
		Code Name				
		1 Person				
		Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational	_			
		name				
		Industry: Utilization Management Organization				
		(UMO) Last or Organization Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
		Industry: Utilization Management Organization				
		(UMO) First Name	_			
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial				
		Industry: Utilization Management Organization				
NM107	1039	(UMO) Middle Name Name Suffix	0	AN	1/10	Situational
INIVITO7	1039	Description: Suffix to individual name	O	AIN	1710	Situational
		Industry: Utilization Management Organization				
		(UMO) Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method				•
		of code structure used for Identification Code (67)				
		Code Name				
		24 Employer's Identification Number				
		34 Social Security Number				
		46 Electronic Transmitter Identification N	umber (E	ETIN)		
		PI Payor Identification				(24) (22)
		XV Health Care Financing Administration				er (PAYERID)
NIN 4400	07	XX Health Care Financing Administration	_			Daminad
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: Utilization Management Organization (UMO) Identifier				
		ExternalCodeList				
		Nomes 507				

Name: 537

Description: Health Care Financing Administration National Provider Identifier

ExternalCodeList Name: 540

Description: Health Care Financing Administration National Plan ID

PER

Utilization Management Organization (UMO) Contact Information

Loop: 2010A

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

F	ما	m	ei	nt	S	ıır	nı	ma	'n	,-

Ref	<u>ID</u> 366	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PER01	300	Contact Function Code Description: Code identifying the major duty or	М	ID	2/2	Required
		responsibility of the person or group named				
		Code Name				
		IC Information Contact	_			o., ., .
PER02	93	Name	Ο	AN	1/60	Situational
		Description: Free-form name Industry: Utilization Management Organization				
		(UMO) Contact Name				
PER03	365	Communication Number Qualifier	С	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number Code Name				
		EM Electronic Mail				
		FX Facsimile				
		TE Telephone	_			-
PER04	364	Communication Number Description: Complete communications number	С	AN	1/80	Situational
		including country or area code when applicable				
		Industry: Utilization Management Organization				
		(UMO) Contact Communication Number				
PER05	365	Communication Number Qualifier	С	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile TE Telephone				
PER06	364	Communication Number	С	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Utilization Management Organization (UMO) Contact Communication Number				
PER07	365	Communication Number Qualifier	С	ID	2/2	Situational
. 2.10	000	Description: Code identifying the type of	Ū	.5	_ , _	Citaational
		communication number				
		Code Name				
		EM Electronic Mail EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	С	AN	1/80	Situational

Description: Complete communications number including country or area code when applicable **Industry:** *Utilization Management Organization* (UMO) Contact Communication Number

AAA

Utilization Management Organization (UMO) Request Validation

Loop: 2010A

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

F	ler	ne	nt	Sı	ım	ma	arv:

	Oum	a. y.								
<u>Ref</u>	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>				
AAA01	1073	Yes/No Condition or Response Code	M	ĪD	1/1	Required				
		Description: Code indicating a Yes or No condition				•				
		or response								
		Industry: Valid Request Indicator								
		Code Name								
		N No								
		Y Yes								
AAA03	901	Reject Reason Code	0	ID	2/2	Situational				
		Description: Code assigned by issuer to identify								
		reason for rejection								
		Code Name								
		04 Authorized Quantity Exceeded								
		41 Authorization/Access Restrictions								
		42 Unable to Respond at Current Time								
		79 Invalid Participant Identification								
		80 No Response received - Transaction	Terminate	ed						
		T4 Payer Name or Identifier Missing								
AAA04	889	Follow-up Action Code	0	ID	1/1	Situational				
		Description: Code identifying follow-up actions								
		allowed								
		Code Name								
		N Resubmission Not Allowed								
		P Please Resubmit Original Transaction	1							
		Y Do Not Resubmit; We Will Hold Your		and Resp	ond Again Shortl	V				
		·	•	•	-	•				

Requester Level HL

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure				
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		<u>Code</u> <u>Name</u>				
		21 Information Receiver	_			
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				
		Codo Namo				

<u>Name</u>

Additional Subordinate HL Data Segment in This Hierarchical Structure.

NM1 Requester Name

Loop: 2010B

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element	Summary	:
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Elellielli	Sullilli	ary.				
Ref	<u>ID</u> 98	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		Description: Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		1P Provider				
		FA Facility				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		Description: Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity	_			
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
NM104	1036	Industry: Requester Last or Organization Name	0	AN	1/25	Situational
INIVITU4	1036	Name First Description: Individual first name	U	AIN	1/25	Situational
		Industry: Requester First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
14101103	1007	Description: Individual middle name or initial	O	AIN	1/25	Oltaational
		Industry: Requester Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		Description: Suffix to individual name				Olladional
		Industry: Requester Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method				·
		of code structure used for Identification Code (67)				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		46 Electronic Transmitter Identification N				
		XX Health Care Financing Administration				
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code				
		Industry: Requester Identifier				
		ExternalCodeList				
		Name: 537				

Description: Health Care Financing Administration National Provider Identifier

REF Requester Supplemental Identification

Loop: 2010B

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Élement Nam	e	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Ide	entification Qualifier	M	ID	2/3	Required
		Description: (Code qualifying the Reference				
		Identification					
		<u>Code</u>	<u>Name</u>				
		1G	Provider UPIN Number				
		1J	Facility ID Number				
		CT	Contract Number				
		El	Employer's Identification Number				
		N5	Provider Plan Network Identification N	Number			
		N7	Facility Network Identification Numbe	r			
		SY	Social Security Number				
		ZH	Carrier Assigned Reference Number				
REF02	127	Reference Ide	entification	С	AN	1/30	Required
		Description: F	Reference information as defined for a				
		particular Tran	saction Set or as specified by the				
		Reference Ide	ntification Qualifier				
		Industry: Req	uester Supplemental Identifier				

AAA

Requester Request Validation

Loop: 2010B

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	/ :
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⊏iement	Summa	ary:					
<u>Ref</u>	<u>ID</u>	Element Name		Req	<u>Type</u>	Min/Max	<u>Usage</u>
AAA01	1073	Yes/No Conditi	on or Response Code	M	ID	1/1	Required
		Description: Co	ode indicating a Yes or No condition				
		or response					
		Industry: Valid	Request Indicator				
		<u>Code</u>	<u>Name</u>				
		N	No				
		Υ	Yes				
AAA03	901	Reject Reason		0	ID	2/2	Situational
		-	ode assigned by issuer to identify				
		reason for reject	tion				
		<u>Code</u>	<u>Name</u>				
		35	Out of Network				
		41	Authorization/Access Restrictions				
		43	Invalid/Missing Provider Identification				
		44	Invalid/Missing Provider Name				
		45	Invalid/Missing Provider Specialty				
		46	Invalid/Missing Provider Phone Number	r			
		47	Invalid/Missing Provider State				
		49	Provider is Not Primary Care Physician				
		50	Provider Ineligible for Inquiries				
		51	Provider Not on File				
		79	Invalid Participant Identification				
		97	Invalid or Missing Provider Address	_			
AAA04	889	Follow-up Action		О	ID	1/1	Situational
		-	ode identifying follow-up actions				
		allowed					
		<u>Code</u>	Name				
		C	Please Correct and Resubmit				
		N	Resubmission Not Allowed				
		R	Resubmission Allowed				

PRV Requester Provider Information

Loop: 2010B

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Tieillelli	Sullilli	ary.					
<u>Ref</u>	<u>ID</u>	Element Nam	<u>e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PRV01	1221	Provider Cod	e	M	ĪD	1/3	Required
	Description: Code identifying the type of providence of providence of the code identifying the type of the code identification of th						·
		<u>Code</u>	<u>Name</u>				
		AD	Admitting				
		AS	Assistant Surgeon				
		AT	Attending				
		CO	Consulting				
		CV	Covering				
		OP	Operating				
		OR	Ordering				
		OT	Other Physician				
		PC	Primary Care Physician				
		PE	Performing				
		RF	Referring				
PRV02	128	Reference Ide	entification Qualifier	M	ID	2/3	Required
		Description:	Code qualifying the Reference				
		Identification					
		Code	<u>Name</u>				
		ZZ	Mutually Defined				
PRV03	127	Reference Ide	entification	M	AN	1/30	Required
		Description: I	Reference information as defined for a				·
		particular Tran	saction Set or as specified by the				
		Reference Ide	ntification Qualifier				
		Industry: Prov	vider Taxonomy Code				
		ExternalCode	<u>List</u>				
		Name: HCPT					
		Description: I	Health Care Provider Taxonomy				

HL Subscriber Level

Loop: 2000C

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	М	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure	_			
HL02	734	Hierarchical Parent ID Number	О	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		Code Name				
111.04	700	22 Subscriber	_	ID.	4.74	D
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				

Code Name

Additional Subordinate HL Data Segment in This Hierarchical Structure.

TRN Patient Event Tracking Number

Loop: 2000C

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	Usage
TRN01	<u>48</u> 1	Trace Type Code	M	ID	1/2	Required
114101	.0.	Description: Code identifying which transaction is		10	1/2	rtoquirou
		being referenced				
		Code Name				
		1 Current Transaction Trace Numbers				
		2 Referenced Transaction Trace Number	ers			
TRN02	127	Reference Identification	M	AN	1/30	Required
		Description: Reference information as defined for a				·
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Patient Event Tracking Number				
TRN03		Originating Company Identifier	0	AN	10/10	Required
		Description: A unique identifier designating the				
		company initiating the funds transfer instructions.				
		The first character is one-digit ANSI identification				
		code designation (ICD) followed by the nine-digit				
		identification number which may be an IRS employer				
		identification number (EIN), data universal				
		numbering system (DUNS), or a user assigned				
		number; the ICD for an EIN is 1, DUNS is 3, user				
		assigned number is 9				
TDN04	407	Industry: Trace Assigning Entity Number	0	A N I	4/20	Cityotianal
TRN04	127	Reference Identification	0	AN	1/30	Situational
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Trace Assigning Entity Additional Identifier				

AAA

Subscriber Request Validation

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Élement Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AAA01	1073	Yes/No Condition or Response Code	M	ĪD	1/1	Required
		Description: Code indicating a Yes or No condition				
		or response				
		Industry: Valid Request Indicator				
		<u>Code</u> <u>Name</u>				
		N No				
		Y Yes				
AAA03	901	Reject Reason Code	0	ID	2/2	Situational
		Description: Code assigned by issuer to identify				
		reason for rejection				
		<u>Code</u> <u>Name</u>				
		15 Required application data missing				
		33 Input Errors				
		56 Inappropriate Date				
AAA04	889	Follow-up Action Code	0	ID	1/1	Situational
		Description: Code identifying follow-up actions				
		allowed				
		<u>Code</u> <u>Name</u>				
		C Please Correct and Resubmit				
		N Resubmission Not Allowed				

DTP Accident Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	М	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		439 Accident				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Accident Date				

DTP Last Menstrual Period Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

			_	_		
<u>Ref</u>	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		484 Last Menstrual Period				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Last Menstrual Period Date				

DTP Estimated Date of Birth

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		Description: Code specifying type of date or time, or				•
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		ABC Estimated Date of Birth				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				-
		of dates, times or dates and times				
		Industry: Estimated Birth Date				
		-				

DTP Onset of Current Symptoms or Illness Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		431 Onset of Current Symptoms or Illness				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDI)			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Onset Date				

HI Subscriber Diagnosis

Loop: 2000C

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Sum	marv	1
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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HI01	C022	Health Care Code Information	М	Comp		Required
		Description: To send health care codes and their				
	1270	associated dates, amounts and quantities Code List Qualifier Code	М	ID	1/3	Doguirod
	1270	Description: Code identifying a specific industry	IVI	טו	1/3	Required
		code list				
		Industry: Diagnosis Type Code				
		Code Name				
		BF Diagnosis				
		BJ Admitting Diagnosis				
		BK Principal Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
		Description: Code indicating a code from a specific				
		industry code list				
		Industry: Diagnosis Code ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases (Clinical M	lod (ICD-9-	CM) Procedure	
	1250	Date Time Period Format Qualifier	С	ÌD	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
	1051	D8 Date Expressed in Format CCYYMMI			4.05	0.1 1. 1
	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Diagnosis Date				
HI02	C022	Health Care Code Information	0	Comp		Situational
11102	0022	Description: To send health care codes and their	Ū	Comp		Oltadiolia.
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry				
		code list				
		Industry: Diagnosis Type Code				
		<u>Code</u> <u>Name</u> BF Diagnosis				
		BJ Admitting Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
		Description: Code indicating a code from a specific	•••			
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList				
		Name: 131				
	4050	Description: International Classification of Diseases		•	•	0:1 :1:
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				

		format, or date and time format Code D8 Name Date Expressed in Format CCYYMM				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date	С	AN	1/35	Situational
HI03	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
	1271	Industry: Diagnosis Type Code Code BF Diagnosis Industry Code	M	AN	1/30	Required
	1271	Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList	141	Alv	1730	Required
		Name: 131 Description: International Classification of Diseases	Clinical N	/lod (ICD-9-(CM) Procedure	a
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	C	ID ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	DD C	AN	1/35	Situational
HI04	C022	Industry: Diagnosis Date Health Care Code Information Description: To send health care codes and their	0	Comp		Situational
	1270	associated dates, amounts and quantities Code List Qualifier Code Description: Code identifying a specific industry	М	ID	1/3	Required
	1271	code list Industry: Diagnosis Type Code Code BF Diagnosis Industry Code	M	AN	1/30	Required
	1271	Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList		7 11 4	1700	required
		Name: 131				
	1250	Description: International Classification of Diseases Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	Clinical N C	/lod (ICD-9-0 ID	CM) Procedure 2/3	e Situational
	1251	Code D8 Date Expressed in Format CCYYMM Date Time Period Description: Expression of a date, a time, or range	DD C	AN	1/35	Situational
		of dates, times or dates and times Industry: Diagnosis Date				
HI05	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Industry: Diagnosis Type Code Code Name				
		BF Diagnosis				

	1271	Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: Diagnosis Code ExternalCodeList Name: 131				
	1250	Description: International Classification of Disease: Date Time Period Format Qualifier Description: Code indicating the date format, time	s Clinical M C	lod (ICD-9- ID	CM) Procedure 2/3	Situational
		format, or date and time format Code D8 Name Date Expressed in Format CCYYM	MDD			
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	С	AN	1/35	Situational
	0000	Industry: Diagnosis Date		•		0
HI06	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry	М	ID	1/3	Required
		code list Industry: Diagnosis Type Code				
		Code Name				
	1271	BF Diagnosis Industry Code	М	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				1
		Industry: Diagnosis Code ExternalCodeList				
		Name: 131				
	1250	Description: International Classification of Disease: Date Time Period Format Qualifier	s Clinical M C	lod (ICD-9- ID	CM) Procedure 2/3	Situational
	1200	Description: Code indicating the date format, time format, or date and time format Code Name	-	.5	2.0	ondational.
	1251	Date Expressed in Format CCYYM Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	С	AN	1/35	Situational
		Industry: Diagnosis Date				
HI07	C022	Health Care Code Information Description: To send health care codes and their	0	Comp		Situational
	1270	associated dates, amounts and quantities Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Industry: Diagnosis Type Code				
		Code Name BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>				
		ExternalCodeList				
		Name: 131	a Clinical M	lod (ICD 0	CM) Propodure	
	1250	Description: International Classification of Disease: Date Time Period Format Qualifier Description: Code indicating the date format, time	C	ID	2/3	Situational
		format, or date and time format Code Name				
	4054	D8 Date Expressed in Format CCYYM		A B 1	4/05	Otto ette t
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	С	AN	1/35	Situational
		Industry: Diagnosis Date				
July 6 2004	_ 00401041	- Version 1.03				Nahraska Madic

HI08	C022	Health Care Code Information Description: To send health care codes and their	0	Comp		Situational
	1270	associated dates, amounts and quantities Code List Qualifier Code Description: Code identifying a specific industry	М	ID	1/3	Required
	4074	code list Industry: Diagnosis Type Code Code Name BF Diagnosis		A.N.I	4/20	Deswined
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList Name: 131	M	AN	1/30	Required
	1250	Description: International Classification of Diseases of Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMM	С	/lod (ICD-9-0 ID	CM) Procedure 2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date	С	AN	1/35	Situational
HI09	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code Code BF Diagnosis	М	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList Name: 131	M	AN	1/30	Required
	1250	Description: International Classification of Diseases of Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMM	С	/lod (ICD-9-0	CM) Procedure 2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Diagnosis Date	С	AN	1/35	Situational
HI10	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	0	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code Code Name BF Diagnosis	M	ID	1/3	Required
July 6, 2004	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code ExternalCodeList Name: 131 Description: International Classification of Diseases (2) - Version 1 03	M Clinical M	AN Aod (ICD-9-0	1/30 CM) Procedure	Required Nebraska Medic

	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time	С	ID	2/3	Situational
		format, or date and time format				
		Code Name Data Everyoped in Format CCVVMMDI	D			
	1251	D8 Date Expressed in Format CCYYMMDI Date Time Period	С	AN	1/35	Situational
	1231	Description: Expression of a date, a time, or range	C	AIN	1/33	Situational
		of dates, times or dates and times				
		Industry: Diagnosis Date				
HI11	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their				
		associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry				
		code list				
		Industry: Diagnosis Type Code				
		Code Name BF Diagnosis				
	1271	Industry Code	М	AN	1/30	Required
	1211	Description: Code indicating a code from a specific	IVI	AIN	1730	rtequired
		industry code list				
		Industry: Diagnosis Code				
		<u>ExternalCodeList</u>				
		Name: 131				
		Description: International Classification of Diseases Cl	_			
	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format Code Name				
		Code Name D8 Date Expressed in Format CCYYMMDI	n			
	1251	Date Time Period	С	AN	1/35	Situational
	.201	Description: Expression of a date, a time, or range	Ü	, •	.,00	Olladional
		of dates, times or dates and times				
		Industry: Diagnosis Date				
HI12	C022	Health Care Code Information	0	Comp		Situational
		Description: To send health care codes and their				
	4070	associated dates, amounts and quantities		ID	4.0	D
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Industry: Diagnosis Type Code				
		Code Name				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific				
		industry code list				
		Industry: Diagnosis Code				
		ExternalCodeList				
		Name: 131	inical M	od (ICD 0 CN	1) Procedure	
	1250	Description: International Classification of Diseases Cl Date Time Period Format Qualifier	C	ID	2/3	Situational
	1200	Description: Code indicating the date format, time	Ū	ID.	2/0	Citadional
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMDI				
	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Diagnosis Date				

PWK

Additional Patient Information

Loop: 2000C

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required and returned when a paper attachment is required by NE Medicaid. If the necessary attachments are not included, a response will be sent back with a "Not certified" HCR01 = 'A3' & HRC03 = '90' "Requested Information not Received".

ieilleilt	Sullillia	uy.					
Ref	<u>ID</u>	Element Name		Req	Type	Min/Max	<u>Usage</u>
PWK01	75 5	Report Type C		M	ID	2/2	Required
		Description: C	ode indicating the title or contents of				
			port or supporting item				
		Industry: Attac	hment Report Type Code				
		<u>Code</u>	<u>Name</u>				
		03	Report Justifying Treatment Beyond	Utilization	Guidelines		
		04	Drugs Administered				
		05	Treatment Diagnosis				
		06	Initial Assessment				
		07	Functional Goals				
		08	Plan of Treatment				
		09	Progress Report				
		10	Continued Treatment				
		11	Chemical Analysis				
		13	Certified Test Report				
		15	Justification for Admission				
		21	Recovery Plan				
		48	Social Security Benefit Letter				
		55	Rental Agreement				
		59	Benefit Letter				
		77	Support Data for Verification				
		A3	Allergies/Sensitivities Document				
		A4	Autopsy Report				
		AM	Ambulance Certification				
		AS	Admission Summary				
		AT	Purchase Order Attachment				
		B2	Prescription				
		B3	Physician Order				
		BR	Benchmark Testing Results				
		BS	Baseline				
		BT	Blanket Test Results				
		CB	Chiropractic Justification				
		CK	Consent Form(s)				
		D2	Drug Profile Document				
		DA	Dental Models				
		DB	Durable Medical Equipment Prescrip	tion			
		DG	Diagnostic Report				
		DJ	Discharge Monitoring Report				
		DS	Discharge Summary				
		FM	Family Medical History Document				
		HC	Health Certificate				
		HR	Health Clinic Records				
		15	Immunization Record				
		IR	State School Immunization Records				
		LA	Laboratory Results				
		LA	Laboratory Mesuits				

		M1	Medical Record Attachment				
		NN	Nursing Notes				
		OB	Operative Note				
		OC	Oxygen Content Averaging Report				
		OD	Orders and Treatments Document				
		OE	Objective Physical Examination (inclu	uding vital	signs) Doo	cument	
		OX	Oxygen Therapy Certification				
		P4	Pathology Report				
		P5	Patient Medical History Document				
		P6	Periodontal Charts				
		P7	Periodontal Reports				
		PE	Parenteral or Enteral Certification				
		PN	Physical Therapy Notes				
		PO	Prosthetics or Orthotic Certification				
		PQ	Paramedical Results				
		PY	Physician's Report				
		PZ	Physical Therapy Certification				
		QC	Cause and Corrective Action Report				
		QR	Quality Report				
		RB	Radiology Films				
		RR	Radiology Reports				
		RT	Report of Tests and Analysis Report				
		RX	Renewable Oxygen Content Averagii	ng Report			
		SG	Symptoms Document	•			
		V5	Death Notification				
		XP	Photographs				
PWK02	756	Report Tran	nsmission Code	0	ID	1/2	Required
		Description	: Code defining timing, transmission				
		method or fo	ormat by which reports are to be sent				
		Industry: At	ttachment Transmission Code				
		Code	<u>Name</u>				
		BM	By Mail				
		EL	Electronically Only				
		EM	E-Mail				
		FX	By Fax				
		VO	Voice				
PWK05	66	Identification	on Code Qualifier	Χ	ID	1/2	Situational
		Description	: Code designating the system/method				
		of code struc	cture used for Identification Code (67)				
		Code	Name				
		AC	Attachment Control Number				
PWK06	67	Identification	on Code	Χ	AN	2/80	Situational
		Description	: Code identifying a party or other code				
		Industry: At	ttachment Control Number				
			ledicaid Directive: Refer to Appendix A,				
		Paperwork/A	Attachment Guidelines.				
PWK07	352	Description		0	AN	1/80	Situational
			: A free-form description to clarify the				
		related data	elements and their content				
			ttachment Description				
		-					

NM1 Subscriber Name

Loop: 2010CA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code Penerintian: Code identifying an organizational	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		Code Name				
		IL Insured or Subscriber				
NM102	1065	Entity Type Qualifier	М	ID	1/1	Required
2	.000	Description: Code qualifying the type of entity			., .	r toquil ou
		Code Name				
		1 Person				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
		Industry: Subscriber Last Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
NIN 440 F	400=	Industry: Subscriber First Name			4.05	0
NM105	1037	Name Middle	0	AN	1/25	Situational
		Description: Individual middle name or initial				
NIN 4407	4020	Industry: Subscriber Middle Name	0	A N I	4/40	Cityotianal
NM107	1039	Name Suffix	0	AN	1/10	Situational
		Description: Suffix to individual name Industry: Subscriber Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
INIVITOO	00	Description: Code designating the system/method	C	טו	1/2	rtequireu
		of code structure used for Identification Code (67)				
		Code Name				
		MI Member Identification Number				
		ZZ Mutually Defined				
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code				•
		Industry: Subscriber Primary Identifier				

REF Subscriber Supplemental Identification

Loop: 2010CA

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Élement Nan	ne	Req	<u>Type</u>	Min/Max	Usage
REF01	128	Reference Id	 lentification Qualifier	M	ID	2/3	Required
		Description:	Code qualifying the Reference				•
		Identification	1 , 3				
		Code	Name				
		1L	Group or Policy Number				
		1W	Member Identification Number				
		6P	Group Number				
		A6	Employee Identification Number				
		EJ	Patient Account Number				
		F6	Health Insurance Claim (HIC) Number	-			
		HJ	Identity Card Number				
		IG	Insurance Policy Number				
		N6	Plan Network Identification Number				
		NQ	Medicaid Recipient Identification Num	ber			
		SY	Social Security Number				
REF02	127	Reference Id	lentification	С	AN	1/30	Required
		Description:	Reference information as defined for a				
		particular Tra	nsaction Set or as specified by the				
		Reference Ide	entification Qualifier				
		Industry: Su	bscriber Supplemental Identifier				

AAA

Subscriber Request Validation

Loop: 2010CA

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	/ :
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⊏iement	Summ	ary:					
Ref	<u>ID</u>	Element Na	<u>ıme</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AAA01	1073	Yes/No Cor	ndition or Response Code	М	ID	1/1	Required
		Description	: Code indicating a Yes or No condition				•
		or response					
		Industry: V	alid Request Indicator				
		Code	<u>Name</u>				
		N	No				
		Υ	Yes				
AAA03	901	Reject Reas	son Code	0	ID	2/2	Situational
		Description	: Code assigned by issuer to identify				
		reason for re	ejection				
		<u>Code</u>	<u>Name</u>				
		15	Required application data missing				
		58	Invalid/Missing Date-of-Birth				
		64	Invalid/Missing Patient ID				
		65	Invalid/Missing Patient Name				
		66	Invalid/Missing Patient Gender Code				
		67	Patient Not Found				
		68	Duplicate Patient ID Number				
		71	Patient Birth Date Does Not Match TI	hat for the	Patient o	n the Database	
		72	Invalid/Missing Subscriber/Insured ID)			
		73	Invalid/Missing Subscriber/Insured Na				
		74	Invalid/Missing Subscriber/Insured G	ender Co	de		
		75	Subscriber/Insured Not Found				
		76	Duplicate Subscriber/Insured ID Num	ıber			
		77	Subscriber Found, Patient Not Found				
		78	Subscriber/Insured Not in Group/Plar	n Identifie	d		
		79	Invalid Participant Identification				
		95	Patient Not Eligible	_			
AAA04	889		Action Code	0	ID	1/1	Situational
			: Code identifying follow-up actions				
		allowed					
		<u>Code</u>	<u>Name</u>				
		С	Please Correct and Resubmit				
		N	Resubmission Not Allowed				

DMG

Subscriber Demographic Information

Loop: 2010CA

Elements: 3

User Option (Usage): Situational

To supply demographic information

Nebraska Medicaid Directive:

If the 2010CA NM109 primary identifier sent in on the request is valid, the values in DMG02 and DMG03 will be what NE Medicaid has on its database.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	C	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMI	OD			
DMG02	1251	Date Time Period	С	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Subscriber Birth Date				
DMG03	1068	Gender Code	0	ID	1/1	Situational
		Description: Code indicating the sex of the				
		individual				
		Industry: Subscriber Gender Code				
		Code Name				
		F Female				
		M Male				
		U Unknown				

NM1 Additional Patient Information Contact Name

Loop: 2010CB

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Sum	marv	1
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Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	М	ID	2/3	Required
		Description: Code identifying an organizational				
		entity, a physical location, property or an individual				
		<u>Code</u> <u>Name</u>				
		1P Provider				
		2B Third-Party Administrator				
		FA Facility				
		PR Payer				
		X3 Utilization Management Organization				
		ABG Organization				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		Description: Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
NIN 4400	4005	2 Non-Person Entity	_	A	4/05	0:1 - 1: 1
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
		Industry: Response Contact Last or Organization Name				
NIMAGA	1026		0	A N I	1/05	Situational
NM104	1036	Name First Description: Individual first name	0	AN	1/25	Situational
		Industry: Response Contact First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
INIVITOS	1037	Description: Individual middle name or initial	O	AIN	1/25	Situational
		Industry: Response Contact Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
14101107	1000	Description: Suffix to individual name	O	7111	-1N 1/10	Situational
		Industry: Response Contact Name Suffix				
NM108	66	Identification Code Qualifier	X	ID	1/2	Situational
		Description: Code designating the system/method	,,			0.1000.101
		of code structure used for Identification Code (67)				
		Code Name				
		24 Employer's Identification Number				
		34 Social Security Number				
		46 Electronic Transmitter Identification No	umber (E	ETIN)		
		PI Payor Identification	•	•		
		XV Health Care Financing Administration	National	Payer Ide	entification Numb	er (PAYERID)
		XX Health Care Financing Administration	National	Provider	Identifier	
NM109	67	Identification Code	Χ	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Response Contact Identifier				
		<u>ExternalCodeList</u>				
		Name: 540				

Description: Health Care Financing Administration National Plan ID

N3 Additional Patient Information Contact Address

Loop: 2010CB

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Response Contact Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		Description: Address information				
		Industry: Response Contact Address Line				

N4 Additional Patient Information Contact City/State/Zip Code

Loop: 2010CB

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

⊏iemen	t Sumn	iary:				
Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Situational
		Description: Free-form text for city name				
		Industry: Response Contact City Name				
N402	156	State or Province Code	0	ID	2/2	Situational
		Description: Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Response Contact State or Province Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.	_			
N403	116	Postal Code	О	ID	3/15	Situational
		Description: Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Response Contact Postal Zone or ZIP Code				
		ExternalCodeList				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Situational
14101	20	Description: Code identifying the country	Ū	ID	2/3	Oltaational
		Industry: Response Contact Country Code				
		ExternalCodeList				
		Name: 5				
		Description: Countries, Currencies and Funds				
N405	309	Location Qualifier	Χ	ID	1/2	Situational
		Description: Code identifying type of location				
		Code Name				
		B1 Branch				
		DP Department				
N406	310	Location Identifier	0	AN	1/30	Situational
		Description: Code which identifies a specific				
		location				
		Industry: Response Contact Specific Location				

PER Additional Patient Information Contact Information

Loop: 2010CB

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summ	nary:				
Ref	ID	Element Name	Req	Type	Min/Max	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required
		Description: Code identifying the major duty or				
		responsibility of the person or group named				
		Code Name				
		IC Information Contact				
PER02	93	Name	0	AN	1/60	Situational
		Description: Free-form name				
		Industry: Response Contact Name				
PER03	365	Communication Number Qualifier	Χ	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number				
		<u>Code</u> <u>Name</u>				
		EM Electronic Mail				
		FX Facsimile				
		TE Telephone				
PER04	364	Communication Number	Х	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Response Contact Communication				
		Number				
PER05	365	Communication Number Qualifier	Χ	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
DED00	004	TE Telephone			4.00	0., ,,
PER06	364	Communication Number	Х	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Response Contact Communication				
DED07	205	Number	V	ID	0/0	Cityatianal
PER07	365	Communication Number Qualifier	Х	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	V	AN	1/80	Situational
PERUS	364	Descriptions Consults assessmineties assessment	Х	AIN	1/00	Situational

Description: Complete communications number including country or area code when applicable **Industry:** *Response Contact Communication*

Service Provider Level HL

Loop: 2000E

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure				
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		Code Name				
111.04	700	19 Provider of Service	_	ID.	4.74	D
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				

<u>Name</u>

Additional Subordinate HL Data Segment in This Hierarchical Structure.

MSG Message Text

Loop: 2000E

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

RefIDÉlement NameReqTypeMin/MaxUsageMSG01933Free-Form Message TextMAN1/264Required

Description: Free-form message text **Industry:** Free Form Message Text **Nebraska Medicaid Directive:** A message will be

Nebraska Medicaid Directive: A message will be returned with a response stating, "Determination valid if client: 1. Medicaid eligible; 2. Not enrolled in Medicaid managed care (2 does not apply to Dental). Denied services may be appealed in writing within 90 days. See prior authorization policy in NE Medicaid Provider Handbook."

NM1 Service Provider Name

Loop: 2010E

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element	Summary	:
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Figurent		aiy.				
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		Description: Code identifying an organizational				
		entity, a physical location, property or an individual				
		Code Name				
		TT Physician, Clinic or Group Practice				
		FA Facility				
		SJ Service Provider				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		Description: Code qualifying the type of entity				•
		Code Name				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
		Industry: Service Provider Last or Organization				
		Name				
NM104	1036	Name First	0	AN	1/25	Situational
		Description: Individual first name				
		Industry: Service Provider First Name				
NM105	1037	Name Middle	0	AN	N 1/25	Situational
		Description: Individual middle name or initial				
		Industry: Service Provider Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
		Description: Suffix to individual name				
		Industry: Service Provider Name Suffix				
NM108	66	Identification Code Qualifier	С	ID	1/2	Situational
		Description: Code designating the system/method				
		of code structure used for Identification Code (67)				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		46 Electronic Transmitter Identification N	lumber (E	ETIN)		
		XX Health Care Financing Administration	n National	Provider	Identifier	
NM109	67	Identification Code	С	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Service Provider Identifier				
		<u>ExternalCodeList</u>				

<u>ExternalCodeList</u>

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Service Provider Supplemental Identification

Loop: 2010E

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

REF01 128 Reference Identification Qualifier Description: Code qualifying the Reference Identification Code qualifying the Reference Identification Required Identification Identification Required Identification Identifi	
Identification	ť
Code Nome	
<u>Code</u> <u>Name</u>	
1G Provider UPIN Number	
1J Facility ID Number	
EI Employer's Identification Number	
N5 Provider Plan Network Identification Number	
N7 Facility Network Identification Number	
SY Social Security Number	
ZH Carrier Assigned Reference Number	
REF02 127 Reference Identification C AN 1/30 Required	t
Description: Reference information as defined for a	
particular Transaction Set or as specified by the	
Reference Identification Qualifier	
Industry: Service Provider Supplemental Identifier	

N3 Service Provider Address

Loop: 2010E

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Service Provider Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		Description: Address information				
		Industry: Service Provider Address Line				

N4 Service Provider City/State/ZIP Code

Loop: 2010E

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Lieillei	ıt Sullilli	iai y.				
Ref	<u>ID</u> 19	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Situational
		Description: Free-form text for city name				
		Industry: Service Provider City Name				
N402	156	State or Province Code	0	ID	2/2	Situational
		Description: Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Service Provider State or Province Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Situational
		Description: Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Service Provider Postal Zone or ZIP Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code	_			
N404	26	Country Code	О	ID	2/3	Situational
		Description: Code identifying the country				
		Industry: Service Provider Country Code				
		<u>ExternalCodeList</u>				
		Name: 5				
		Description: Countries, Currencies and Funds				

PER Service Provider Contact Information

Loop: 2010E

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	:
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Element		ıry.					
<u>Ref</u>	<u>ID</u>	Element Name	<u>R</u>	eq	Type	Min/Max	<u>Usage</u>
PER01	366	Contact Function Code		M	ID	2/2	Required
		Description: Code identifying the major duty or					
		responsibility of the person or group named					
		Code Name					
		IC Information Contact					
PER02	93	Name		0	AN	1/60	Situational
		Description: Free-form name					
		Industry: Service Provider Contact Name					
PER03	365	Communication Number Qualifier		С	ID	2/2	Situational
		Description: Code identifying the type of					
		communication number					
		Code Name					
		EM Electronic Mail					
		FX Facsimile					
		TE Telephone					
PER04	364	Communication Number	(С	AN	1/80	Situational
		Description: Complete communications number					
		including country or area code when applicable					
		Industry: Service Provider Contact Communicat	tion				
		Number					
PER05	365	Communication Number Qualifier		С	ID	2/2	Situational
		Description: Code identifying the type of					
		communication number					
		Code Name					
		EM Electronic Mail					
		EX Telephone Extension					
		FX Facsimile					
		TE Telephone					
PER06	364	Communication Number	(С	AN	1/80	Situational
		Description: Complete communications number					
		including country or area code when applicable					
		Industry: Service Provider Contact Communicat	tion				
		Number					
PER07	365	Communication Number Qualifier		С	ID	2/2	Situational
		Description: Code identifying the type of					
		communication number					
		Code Name					
		EM Electronic Mail					
		EX Telephone Extension					
		FX Facsimile					
		TE Telephone					
PER08	364	Communication Number		С	AN	1/80	Situational
		Description: Complete communications number		•			0.1000.00.
		including country or area code when applicable					
		Industry: Service Provider Contact Communicat	tion				
		Number					
July 6, 2004	- 004010A1	- Version 1.03 129					Nebraska Medio

AAA

Service Provider Request Validation

Loop: 2010E

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summary	:
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Ref	ID	Element Nam	e	Req	Type	Min/Max	Usage
AAA01	<u>ID</u> 1073	Yes/No Cond	tion or Response Code	M	ĪD	1/1	Required
		Description: (Code indicating a Yes or No condition				
		or response					
		Industry: Vali	d Request Indicator				
		Code	<u>Name</u>				
		N	No				
		Υ	Yes				
AAA03	901	Reject Reaso		0	ID	2/2	Situational
			Code assigned by issuer to identify				
		reason for reje					
		<u>Code</u>	<u>Name</u>				
		15	Required application data missing				
		33	Input Errors				
		35	Out of Network				
		41	Authorization/Access Restrictions				
		43	Invalid/Missing Provider Identification				
		44	Invalid/Missing Provider Name				
		45	Invalid/Missing Provider Specialty				
		46	Invalid/Missing Provider Phone Numb	er			
		47	Invalid/Missing Provider State				
		49	Provider is Not Primary Care Physicia	ın			
		51 50	Provider Not on File	n Faralli			
		52 70	Service Dates Not Within Provider Pla	an Enroll	ment		
		79 97	Invalid Participant Identification				
AAA04	889		Invalid or Missing Provider Address	0	ID	1/1	Situational
AAAU4	009	Follow-up Ac		0	טו	1/ 1	Situational
		allowed	Code identifying follow-up actions				
			Nama				
		<u>Code</u> C	Name Please Correct and Resubmit				
		N	Resubmission Not Allowed				
		IN	MESUDITIOSTOTI NOT AHOMED				

PRV Service Provider Information

Loop: 2010E

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Nam	e	Req	<u>Type</u>	Min/Max	Usage
PRV01	1221	Provider Cod		M	ID	1/3	Required
		Description: Code identifying the type of provider					•
		<u>Code</u>	<u>Name</u>				
		AD	Admitting				
		AS	Assistant Surgeon				
		AT	Attending				
		CO	Consulting				
		CV	Covering				
		OP	Operating				
		OR	Ordering				
		OT	Other Physician				
		PC	Primary Care Physician				
		PE	Performing				
PRV02	128	Reference Ide	entification Qualifier	М	ID	2/3	Required
		Description:	Code qualifying the Reference				
		Identification					
		<u>Code</u>	<u>Name</u>				
		ZZ	Mutually Defined				
PRV03	127	Reference Ide	entification	М	AN	1/30	Required
		•	Reference information as defined for a				
			saction Set or as specified by the				
			ntification Qualifier				
		•	vider Taxonomy Code				
		<u>ExternalCode</u>	<u>:List</u>				
		Name: HCPT					
		Description:	Health Care Provider Taxonomy				

HL Service Level

Loop: 2000F

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	Usage
HL01	628	Hierarchical ID Number	M	AN	1/12	Required
		Description: A unique number assigned by the				
		sender to identify a particular data segment in a				
		hierarchical structure				
HL02	734	Hierarchical Parent ID Number	0	AN	1/12	Required
		Description: Identification number of the next higher				
		hierarchical data segment that the data segment				
		being described is subordinate to				
HL03	735	Hierarchical Level Code	M	ID	1/2	Required
		Description: Code defining the characteristic of a				
		level in a hierarchical structure				
		<u>Code</u> <u>Name</u>				
		SS Services				
HL04	736	Hierarchical Child Code	0	ID	1/1	Required
		Description: Code indicating if there are hierarchical				
		child data segments subordinate to the level being				
		described				
		<u>Code</u> <u>Name</u>				

No Subordinate HL Segment in This Hierarchical Structure.

TRN Service Trace Number

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

	Guiiiii	iai y .				
<u>Ref</u>	<u>ID</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
TRN01	481	Trace Type Code	M	ID	1/2	Required
		Description: Code identifying which transaction is				
		being referenced				
		<u>Code</u> <u>Name</u>				
		1 Current Transaction Trace Numbers				
		2 Referenced Transaction Trace Number	ers			
TRN02	127	Reference Identification	M	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Service Trace Number				
TRN03 509	509	Originating Company Identifier	0	AN	10/10	Required
		Description: A unique identifier designating the				
		company initiating the funds transfer instructions.				
		The first character is one-digit ANSI identification				
		code designation (ICD) followed by the nine-digit				
		identification number which may be an IRS employer				
		identification number (EIN), data universal				
		numbering system (DUNS), or a user assigned				
		number; the ICD for an EIN is 1, DUNS is 3, user				
		assigned number is 9				
		Industry: Trace Assigning Entity Identifier				
TRN04	127	Reference Identification	0	AN	1/30	Situational
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Trace Assigning Entity Additional Identifier				

AAA

Service Request Validation

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Elemen	t	Su	m	m	ar۱	/ :
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FIGILIGIL	Julilli	ary.								
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>				
AAA01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required				
		Description: Code indicating a Yes or No condition								
		or response								
		Industry: Valid Request Indicator								
		<u>Code</u> <u>Name</u>								
		N No								
		Y Yes								
AAA03	901	Reject Reason Code	0	ID	2/2	Situational				
		Description: Code assigned by issuer to identify	ption: Code assigned by issuer to identify							
		reason for rejection								
		<u>Code</u> <u>Name</u>								
		15 Required application data missing								
		33 Input Errors								
		52 Service Dates Not Within Provider P	lan Enrollr	ment						
		3 (-)	57 Invalid/Missing Date(s) of Service							
		60 Date of Birth Follows Date(s) of Serv	rice							
		61 Date of Death Precedes Date(s) of S								
		62 Date of Service Not Within Allowable	Inquiry P	eriod						
		T5 Certification Information Missing								
AAA04	889	Follow-up Action Code	0	ID	1/1	Situational				
		Description: Code identifying follow-up actions								
		allowed								
		<u>Code</u> <u>Name</u>								
		C Please Correct and Resubmit								
		N Resubmission Not Allowed								

UM

Health Care Services Review Information

Loop: 2000F

Elements: 5

User Option (Usage): Required

To specify health care services review information

Element	Summary:
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No. Section Name	Element	Summ	ary:				
Description: Code indicating a type of request Code Name AR Admission Review HS Health Services Review SC Specialty Care Review In Appeal - Immediate 1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension 1 Initial R Renewal S Service Type Code Description: Code identifying the classification of service Service All valid standard codes are used. UM04 CO23 Health Care Service Code information Description: To provide information O Comp Situational Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Pacifly Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service ode from the Electronic Media Claims National Standard Format Industry: Facility Type Code ExternalCodeList Name: 237 Description: Code identifying the type of facility referenced Code Name A Uniform Billing Claim Form Bill Type Pacifly Code Qualifier O ID 1/2 Required Description: Code Identifying the type of facility referenced Code Name A Uniform Billing Claim Form Bill Type B Place of Service code from the FAO record of the Electronic Media Claims National Standard Format UM06 Name Level of Service Code Uniform Billing Claim Form Bill Type Format Code Ose pacelity Type Code Format Code Ose Pace Code Uniform Billing Claim Form Bill Type Uniform Billing Claim	<u>Ref</u>		Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
UM02 1322 Cortification Type Code	UM01	1525	Request Category Code	M	ĪD	1/2	Required
UM02 1322 Cartification Type Code Sc Specialty Care Review O ID 1/1 Required Pescription: Code indicating the type of certification Code Name Appeal - Immediate 2 Appeal - Immediate 2 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension I Initial R Renewal S Revised Service Type Code Pescription: Code identifying the classification of service All valid standard codes are used. UM04 C023 Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code ExternalCodeList Name: 237 Description: Code identifying the type of facility Name: 237 Description: Code identifying the type of facility of Poscription: Code identifying the type of facility referenced Code Name Author Mane Description: Code identifying the type of facility referenced Code Name Description: Code specifying the level of service reviewed the Electronic Media Claims National Standard Format Differenced Code Name Umode Na			Description: Code indicating a type of request				
UM02 1322 Certification Type Code Specialty Care Review Code Name 1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension 1 Initial R R Renewal S Revised UM03 1365 Service Type Code identifying the classification of service All valid standard codes are used. UM04 C023 Health Care Service Location Information Description: Code identifying the type of facility where service ware performed, the first and second positions of the Uniform Bill Type Code of the Place of Service Ode lentifying the type of facility Name: 237 Description: Uniform Billing Claim Form Bill Type ExternalCodeList Name: 237 Description: Code identifying the type of facility referenced Code Name A Uniform Billing Claim Form Bill Type B Place of service code from the FAO record of the Electronic Media Claims National Standard Fromat UM06 1338 Level of Service Code Beaching: Code identifying the type of facility referenced Code Name Description: Code identifying the type of facility referenced Code Name UM06 1338 Level of Service Code Description: Code identifying the type of facility referenced Code Name UM06 1338 Level of Service Code Description: Code identifying the type of service referenced Code Name UM06 U Urgent			Code Name				
SC Specialty Care Review 1322 Contrictation Type Code Description: Code indicating the type of certification Code Name			AR Admission Review				
UM02 1322 Certification Type Code Name			HS Health Services Review				
UM02			SC Specialty Care Review				
Description: Code indicating the type of certification Code Name 1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension 1 Initial R Renewal S Revised UM03 1365 Service Type Code Description: Code identifying the classification of service All valid standard codes are used. UM04 C023 Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code ExternalCodeList Name: 237 Description: Uniform Billing Claim Form Bill Type ExternalCodeList Name: 237 Description: Code identifying the type of facility referenced Code Name A Uniform Billing Claim Form Bill Type B Place of Service code from the FAO record of the Electronic Media Claims National Standard Format UM06 1338 Level of Service Code O ID 1/3 Situational Standard Format Um07 Service Code O ID 1/3 Situational Standard Format Um16 Description: Code identifying the level of service record of the Electronic Media Claims National Standard Format Um16 Description: Code identifying the level of service record of the Electronic Media Claims National Standard Format Um16 Description: Code identifying the level of service record of the Electronic Media Claims National Standard Format Um16 Description: Code specifying the level of service record of the Electronic Media Claims National Standard Format Um26 Name Um37 Description: Code specifying the level of service record of the Electronic Media Claims National Standard Format Um27 Description: Code specifying the level of service record of the Electronic Media Claims National Standard Format Um27 Description: Code specifying the level of service record of the Electronic Media Claims National Standard	UM02	1322		0	ID	1/1	Required
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2 Appeal - Standard 3 Cancel 4 Extension I Initial R Renewal S Revised O ID 1/2 Situational Description: Code identifying the classification of service All valid standard codes are used. UM04 C023 Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Pacific of the Electronic Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code ExternalCodeList Name: 236 Description: Place of Service from Health Care Financing Administration Claim Form Description: Place of Service from Health Care Financing Administration Claim Form Description: Code identifying the type of facility referenced Code Name Uniform Billing Claim Form Bill Type B Place of Service code from the Electronic Media Claims National Standard Format Uniform Billing Claim Form Bill Type B Place of Service code from the FAO record of the Electronic Media Claims National Standard Format Uniform Billing Claim Form Bill Type B Place of service code O ID 1/3 Situational Description: Code specifying the level of service rendered Code Name U U U Urgent							
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rendered Code Name U Urgent	UM06	1338		0	ID	1/3	Situational
Code Name U Urgent							
U Urgent							
			<u>Code</u> <u>Name</u>				
03 Emergency			9				
			03 Emergency				

HCR Health Care Services Review

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To specify the outcome of a health care services review

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Elemen	t	Su	m	m	ar۱	/ :
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Ref	<u>ID</u>	Element Name		Req	<u>Type</u>	Min/Max	<u>Usage</u>
HCR01	306	Action Code	la indiantina tama af antina	М	ID	1/2	Required
			de indicating type of action				
			<u>lame</u> Certified in total				
			Vot Certified				
		-	Pended				
			Nodified				
			Contact Payer				
			No Action Required				
HCR02	127	Reference Identi		0	AN	1/30	Situational
1101102			erence information as defined for a	Ū	,	1700	Oltaational
			ction Set or as specified by the				
		Reference Identifi					
		Industry: Certific					
			aid Directive: When billing for the				
			e, use this certification number on				
		the claim.	•				
HCR03	901	Reject Reason C	ode	0	ID	2/2	Situational
		Description: Cod	de assigned by issuer to identify				
		reason for rejection	on				
		Code N	<u>lame</u>				
		35 C	Out of Network				
			esting not Included				
			Request Forwarded To and Decision Organization	Respons	e Forthcor	ming From an Ex	ternal Review
			Authorization/Access Restrictions				
			nquired Benefit Inconsistent with Pro	vider Typ	е		
			nconsistent with Patient's Age				
			nconsistent with Patient's Gender				
			Not Medically Necessary				
			evel of Care Not Appropriate				
			Certification Not Required for this Sei				
			Certification Responsibility of Externa	al Review	Organizat	ion	
			Primary Care Service				
		-	Exceeds Plan Maximums				
			Ion-covered Service				
			No Prior Approval Requested Information Not Received				
			Duplicate Request				
			Service Inconsistent with Diagnosis				
			Pre-existing Condition				
			Experimental Service or Procedure				
			Requires Medical Review				
HCR04	1073		n or Response Code	0	ID	1/1	Situational
	.070		de indicating a Yes or No condition	•	.5	., .	Citadional
		or response					
		5. 100pono0					

Industry: Second Surgical Opinion Indicator

Code Name
N No
Y Yes

REF Previous Certification Identification

Loop: 2000F

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
		Description: Code qualifying the Reference				
		Identification				
		<u>Code</u> <u>Name</u>				
		BB Authorization Number				
REF02	127	Reference Identification	С	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Previous Certification Identifier				

DTP Service Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		472 Service				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		D8 Date Expressed in Format CCYYMMI	DD			
		RD8 Range of Dates Expressed in Format	CCYYM	MDD-CCY	YMMDD	
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Service Date				

DTP Admission Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ĪD	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		435 Admission				
DTP02	1250	Date Time Period Format Qualifier	М	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMM	DD			
		RD8 Range of Dates Expressed in Forma	t CCYYM	MDD-CCY	YMMDD	
DTP03	1251	Date Time Period	М	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Admission Date				

DTP Discharge Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	<u>Element Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	М	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		096 Discharge				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Discharge Date				

DTP Surgery Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		456 Surgery				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Proposed or Actual Surgery Date				

DTP Certification Issue Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	М	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		102 Issue				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDI	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Certification Issue Date				
		madding. Commodition issue Date				

DTP Certification Expiration Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		Code Name				
		036 Expiration				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMD	D			
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Certification Expiration Date				

DTP Certification Effective Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
		Description: Code specifying type of date or time, or				
		both date and time				
		Industry: Date Time Qualifier				
		<u>Code</u> <u>Name</u>				
		007 Effective				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
		Description: Code indicating the date format, time				
		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMI	DD			
		RD8 Range of Dates Expressed in Format	CCYYMI	MDD-CCY	YMMDD	
DTP03	1251	Date Time Period	M	AN	1/35	Required
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Certification Effective Date				

HI Procedures

Loop: 2000F

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:

Procedure Dates will be accepted on the request, but will not be returned on the response.

Ref	<u>ID</u>	Element Nar	<u>ne</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>				
HI01	C022	Health Care	Code Information	M	Comp		Required				
		Description:	To send health care codes and their								
			ates, amounts and quantities								
	1270	Code List Q	ualifier Code	M	ID	1/3	Required				
		Description:	Code identifying a specific industry								
		code list									
		<u>Code</u>	<u>Name</u>								
		ВО	Health Care Financing Administration Nebraska Medicaid Directive:								
		Only five occurrences of individual procedure code for a prior authorization.									
		BQ	International Classification of Disease	es Clinica	I Modificat	ion (ICD-9-CM) I	Procedure				
			Nebraska Medicaid Directive:								
			Only five surgical codes per prior authorization.								
		JP	National Standard Tooth Numbering	System							
		ABR	Assigned by Receiver								
		NDC	National Drug Code (NDC)								
	1271	Industry Cod		M	AN	1/30	Required				
			Description: Code indicating a code from a specific industry code list								
		Industry: Pro	ocedure Code								
		ExternalCod	<u>eList</u>								
		Name: 130									
		Description:	Description: Health Care Financing Administration Common Procedural Coding System								
		ExternalCod	<u>eList</u>								
		Name: 131									
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure									
		<u>ExternalCodeList</u>									
		Name: 132									
		Description: National Uniform Billing Committee (NUBC) codes									
		<u>ExternalCodeList</u>									
		Name: 134									
		Description:	National Drug Code								
		ExternalCod	<u>eList</u>								
		Name: 135									
		Description:	American Dental Association Codes								
		<u>ExternalCod</u>	<u>eList</u>								
		Name: 240									
			National Drug Code by Format								
	1250		eriod Format Qualifier	С	ID	2/3	Situational				
			Code indicating the date format, time								
		format, or dat	te and time format								
		<u>Code</u>	<u>Name</u>								
		D8	Date Expressed in Format CCYYMM								
		RD8	Range of Dates Expressed in Format	t CCYYM	MDD-CCY	YMMDD					
	1251	Date Time P		С	AN	1/35	Situational				
		Description:	Expression of a date, a time, or range								

		of dates, times	s or dates and times								
		Industry: Pro									
	782	Monetary Am			0	R	1/18	Situational			
			Monetary amount	,							
			cedure Monetary Ar. dicaid Directive: A								
	380	Quantity	uicaiu Directive. A	uliionzea amouni.	0	R	1/15	Situational			
	300		Numeric value of qu	antity	O	IX	1713	Oituational			
	Industry: Procedure Quantity										
	799	Version Ident	-		0	AN	1/30	Situational			
			Revision level of a p	articular format,							
			nique or algorithm	direction i laboratifica							
HI02	C022		sion, Release, or Ind Code Information	dustry identifier	0	Comp		Situational			
11102	0022		To send health care	codes and their	O	Comp		Oituational			
			tes, amounts and qu								
	1270	Code List Qu			М	ID	1/3	Required			
			Code identifying a s	pecific industry							
		code list	Nama								
		<u>Code</u> BO	Name Health Care Fina	ncing Administration	Commo	n Procedura	al Coding Syst	Δm			
		ВО	Nebraska Medic		Commo	ii i ioccuuie	ii Coding Cyst	CIII			
				ences of individual p	rocedure	code for a	prior authoriza	ation.			
		BQ		sification of Disease	es Clinica	I Modification	n (ICD-9-CM)	Procedure			
			Nebraska Medic								
		JP		al codes per prior au		on.					
		ABR	Assigned by Rec	d Tooth Numbering S	System						
		NDC	National Drug Co								
	1271	Industry Cod		,	М	AN	1/30	Required			
			Code indicating a co	de from a specific							
		industry code									
		Industry: Pro ExternalCode									
		Name: 130	,LIGC								
				ng Administration C	ommon P	rocedural C	Coding System	1			
		ExternalCode	<u>eList</u>								
		Name: 131	International Classif	ination of Diagona (Oliniaal M	1~4 (IOD 0 (CM) Dragadiin	_			
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList									
		Name: 132									
		Description: National Uniform Billing Committee (NUBC) codes									
		<u>ExternalCodeList</u>									
		Name: 134	National Davis Code								
		ExternalCode	National Drug Code								
		Name: 135	<u>FLISt</u>								
			American Dental As	sociation Codes							
		ExternalCode	<u>List</u>								
		Name: 240	National Davis Code	h F armant							
	1250		National Drug Code riod Format Qualif		С	ID	2/3	Situational			
	1230		Code indicating the		C	טו	2/3	Situational			
		•	and time format	dato format, timo							
		Code	<u>Name</u>								
		D8		n Format CCYYMM							
	4054	RD8		expressed in Format				0:44:			
	1251	Date Time Pe	riod Expression of a date	a time or range	С	AN	1/35	Situational			
			expression of a date or dates and times								
		Industry: Pro									
	782	Monetary Am	ount		0	R	1/18	Situational			
			Monetary amount								
Industry: Procedure Mone											
	380	Nebraska Me Quantity	dicaid Directive: A	uunonzea amount.	0	R	1/15	Situational			
July 6, 2004		- Version 1.03		1/17	J	г	17 13	Situational Nebraska Medicaid			

			Numeric value of quocedure Quantity	antity				
	799	Version Ider		articular format,	0	AN	1/30	Situational
		program, tec	nnique or algorithm rsion, Release, or Ind					
HI03	C022	Health Care Description:	Code Information To send health care	codes and their	0	Comp		Situational
	1270	Code List Q	ates, amounts and qu ualifier Code Code identifying a s		М	ID	1/3	Required
		code list Code BO BQ	Name Health Care Fina Nebraska Medic Only five occurr International Clas Nebraska Medic Only five surgica	ncing Administration aid Directive: ences of individual p sification of Disease aid Directive: al codes per prior au	procedure es Clinica uthorizatio	e code for a Il Modification	prior authoriza	ation.
		JP ABR NDC	National Standard Assigned by Reconstitutional Drug Co		System			
	1271	Industry Co	de Code indicating a co	, ,	М	AN	1/30	Required
			ocedure Code					
	1250	ExternalCoc Name: 131 Description: ExternalCoc Name: 132 Description: ExternalCoc Name: 134 Description: ExternalCoc Name: 135 Description: ExternalCoc Name: 240 Description: Date Time P	International Classif leList National Uniform Bil leList National Drug Code leList American Dental As leList National Drug Code	ication of Diseases ling Committee (NU sociation Codes by Format ier	Clinical M	lod (ICD-9-0		
		format, or da Code D8 RD8	Range of Dates E	date format, time n Format CCYYMM expressed in Forma				
	1251		Expression of a date es or dates and times		С	AN	1/35	Situational
	782	Monetary And Description: Industry: Pro			0	R	1/18	Situational
	380	Quantity Description: Industry: Pro	Numeric value of quocedure Quantity		0	R	1/15	Situational
	799	Version Ider Description: program, tec			0	AN	1/30	Situational
HI04 July 6, 2004	C022 4 - 004010A1		Code Information	148	0	Comp		Situational Nebraska Medicaid

148

Nebraska Medicaid

July 6, 2004 - 004010A1 - Version 1.03

Description: To send health care codes and their associated dates, amounts and quantities 1270 **Code List Qualifier Code** Μ ID 1/3 Required **Description:** Code identifying a specific industry code list Code Name ВО Health Care Financing Administration Common Procedural Coding System **Nebraska Medicaid Directive:** Only five occurrences of individual procedure code for a prior authorization. International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure BQ **Nebraska Medicaid Directive:** Only five surgical codes per prior authorization. JΡ National Standard Tooth Numbering System ABR Assigned by Receiver NDC National Drug Code (NDC) 1271 **Industry Code** ΑN 1/30 М Required Description: Code indicating a code from a specific industry code list Industry: Procedure Code **ExternalCodeList** Name: 130 **Description:** Health Care Financing Administration Common Procedural Coding System ExternalCodeList **Name:** 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure **ExternalCodeList** Name: 132 Description: National Uniform Billing Committee (NUBC) codes **ExternalCodeList** Name: 134 **Description:** National Drug Code **ExternalCodeList** Name: 135 **Description:** American Dental Association Codes ExternalCodeList Name: 240 **Description:** National Drug Code by Format 1250 **Date Time Period Format Qualifier** С ID 2/3 Situational **Description:** Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD 1251 **Date Time Period** С ΑN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date 782 R Ο 1/18 Situational **Monetary Amount Description:** Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Authorized amount. 380 Quantity 0 R 1/15 Situational **Description:** Numeric value of quantity Industry: Procedure Quantity 799 Version Identifier 0 AN 1/30 Situational **Description:** Revision level of a particular format. program, technique or algorithm Industry: Version, Release, or Industry Identifier C022 **Health Care Code Information** 0 Comp Situational Description: To send health care codes and their associated dates, amounts and quantities **Code List Qualifier Code** 1270 Μ ID 1/3 Required **Description:** Code identifying a specific industry code list Code

ВО

HI05

Health Care Financing Administration Common Procedural Coding System

Name

Nebraska Medicaid Directive:

Only five occurrences of individual procedure code for a prior authorization.

International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

Nebraska Medicaid Directive:

Only five surgical codes per prior authorization.

National Standard Tooth Numbering System

JP National Standard Tooth N ABR Assigned by Receiver

NDC National Drug Code (NDC)

1271 Industry Code M AN 1/30 Required

Description: Code indicating a code from a specific

industry code list

Industry: Procedure Code

ExternalCodeList

Name: 130

BQ

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList Name: 134

Description: National Drug Code

ExternalCodeList Name: 135

Description: American Dental Association Codes

ExternalCodeList Name: 240

Description: National Drug Code by Format

1250 Date Time Period Format Qualifier C ID 2/3 Situational

Description: Code indicating the date format, time

format, or date and time format

Code Name

Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251 Date Time Period C AN 1/35 Situational

Description: Expression of a date, a time, or range

of dates, times or dates and times

Industry: Procedure Date

782 **Monetary Amount** O R 1/18 Situational

Description: Monetary amount **Industry:** *Procedure Monetary Amount*

Nebraska Medicaid Directive: Authorized amount.

380 **Quantity** O R 1/15

Description: Numeric value of quantity **Industry:** *Procedure Quantity*

799 **Version Identifier** O AN 1/30 Situational

Description: Revision level of a particular format,

program, technique or algorithm

Industry: Version, Release, or Industry Identifier
Health Care Code Information

Description: To send health care codes and their

1270 Code List Qualifier Code M ID 1/3 Required

Description: Code identifying a specific industry

associated dates, amounts and quantities

code list

JΡ

Code Name

BO Health Care Financing Administration Common Procedural Coding System

Nebraska Medicaid Directive:

Only five occurrences of individual procedure code for a prior authorization.

0

Comp

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

Nebraska Medicaid Directive:

Only five surgical codes per prior authorization. National Standard Tooth Numbering System

ABR Assigned by Receiver

C022

HI06

Situational

Situational

1271 **Industry Code** 1/30 M ΑN Required **Description:** Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 **Description:** National Drug Code ExternalCodeList Name: 135 **Description:** American Dental Association Codes ExternalCodeList Name: 240 **Description:** National Drug Code by Format 1250 **Date Time Period Format Qualifier** С ID 2/3 Situational Description: Code indicating the date format, time format, or date and time format Code **Name** D8 Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD RD8 1251 **Date Time Period** С ΑN 1/35 Situational **Description:** Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date 782 **Monetary Amount** 0 R 1/18 Situational **Description:** Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Authorized amount. 380 0 R 1/15 Situational Quantity **Description:** Numeric value of quantity **Industry:** Procedure Quantity 799 Version Identifier 0 ΑN 1/30 Situational Description: Revision level of a particular format, program, technique or algorithm Industry: Version. Release, or Industry Identifier HI07 C022 **Health Care Code Information** 0 Situational Comp **Description:** To send health care codes and their associated dates, amounts and quantities 1270 **Code List Qualifier Code** Μ ID 1/3 Required **Description:** Code identifying a specific industry code list Code **Name** ВО Health Care Financing Administration Common Procedural Coding System Nebraska Medicaid Directive: Only five occurrences of individual procedure code for a prior authorization. BΩ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure **Nebraska Medicaid Directive:** Only five surgical codes per prior authorization. JΡ National Standard Tooth Numbering System ABR Assigned by Receiver NDC National Drug Code (NDC) 1271 **Industry Code** Μ ΑN 1/30 Required **Description:** Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130

NDC

National Drug Code (NDC)

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList Name: 134

Description: National Drug Code

ExternalCodeList Name: 135

Description: American Dental Association Codes

ExternalCodeList Name: 240

Description: National Drug Code by Format

1250 **Date Time Period Format Qualifier** С ID 2/3 Situational

Description: Code indicating the date format, time

format, or date and time format

Code Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Date Time Period 1251 С ΑN 1/35 Situational

Description: Expression of a date, a time, or range

of dates, times or dates and times

Industry: Procedure Date

782 **Monetary Amount** 0 R 1/18 Situational

Description: Monetary amount Industry: Procedure Monetary Amount

Nebraska Medicaid Directive: Authorized amount.

380 Quantity R 1/15 Situational 0

Description: Numeric value of quantity Industry: Procedure Quantity

799 Version Identifier 0 ΑN 1/30 Situational

Description: Revision level of a particular format,

program, technique or algorithm

Industry: Version, Release, or Industry Identifier C022 **Health Care Code Information**

Description: To send health care codes and their

associated dates, amounts and quantities

1270 **Code List Qualifier Code** ID 1/3 Required M

Description: Code identifying a specific industry

code list

JΡ

HI08

Code Name

ВО Health Care Financing Administration Common Procedural Coding System

Nebraska Medicaid Directive:

Only five occurrences of individual procedure code for a prior authorization.

0

Comp

International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure BQ

Nebraska Medicaid Directive:

Only five surgical codes per prior authorization. National Standard Tooth Numbering System

ABR Assigned by Receiver

NDC National Drug Code (NDC)

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific

industry code list

Industry: Procedure Code

ExternalCodeList Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

Situational

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

1250 Date Time Period Format Qualifier C ID 2/3 Situational

Description: Code indicating the date format, time

format, or date and time format

Code Name

Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251 Date Time Period C AN 1/35 Situational

Description: Expression of a date, a time, or range

of dates, times or dates and times

Industry: Procedure Date

782 Monetary Amount O R 1/18 Situational

Description: Monetary amount

Industry: Procedure Monetary Amount

Nebraska Medicaid Directive: Authorized amount.

380 **Quantity** O R 1/15 Situational

Description: Numeric value of quantity

Industry: Procedure Quantity

799 Version Identifier O AN 1/30 Situational

Description: Revision level of a particular format,

program, technique or algorithm

Industry: Version, Release, or Industry Identifier

Health Care Code Information

O Comp Situational

Description: To send health care codes and their

associated dates, amounts and quantities

1270 Code List Qualifier Code M ID 1/3 Required

Description: Code identifying a specific industry

code list

HI09

C022

Code Name

BO Health Care Financing Administration Common Procedural Coding System

Nebraska Medicaid Directive:

Only five occurrences of individual procedure code for a prior authorization.

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

Nebraska Medicaid Directive:

Only five surgical codes per prior authorization.

JP National Standard Tooth Numbering System

ABR Assigned by Receiver

NDC National Drug Code (NDC)

1271 Industry Code M AN 1/30 Required

Description: Code indicating a code from a specific

industry code list

Industry: Procedure Code

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

	1250	Date Time F Description	: National Drug Code by Format Period Format Qualifier : Code indicating the date format	C , time	ID	2/3	Situational
	1251	Code D8 RD8 Date Time F	Ite and time format Name Date Expressed in Format Co Range of Dates Expressed in		MDD-CCY` AN	/MMDD 1/35	Situational
		of dates, tim	: Expression of a date, a time, or es or dates and times ocedure Date	range			
	782	Industry: Pr	: Monetary amount ocedure Monetary Amount	0	R	1/18	Situational
	380	Quantity Description	edicaid Directive: Authorized ar : Numeric value of quantity ocedure Quantity	O	R	1/15	Situational
	799	Version Ide Description program, tec	ntifier : Revision level of a particular for hnique or algorithm		AN	1/30	Situational
HI10	C022	Health Care Description	ersion, Release, or Industry Identicode Information: To send health care codes and ates, amounts and quantities	0	Comp		Situational
	1270	Code List Q Description code list	ualifier Code : Code identifying a specific indus	M stry	ID	1/3	Required
		<u>Code</u> BO	Name Health Care Financing Admir Nebraska Medicaid Directiv Only five occurrences of ind	<mark>re:</mark> lividual procedure	code for a	prior authoriza	ation.
		BQ JP	International Classification of Nebraska Medicaid Directive Only five surgical codes per National Standard Tooth Nun	re: · prior authorizatio		on (ICD-9-CM)	Procedure
		ABR NDC	Assigned by Receiver National Drug Code (NDC)	ibering System			
	1271	industry cod	: Code indicating a code from a s	M pecific	AN	1/30	Required
		ExternalCoo Name: 130 Description	<u>deList</u> : Health Care Financing Administ	ration Common F	Procedural (Coding System	ı
			: International Classification of Di	seases Clinical M	lod (ICD-9-	CM) Procedure	е
		ExternalCoo Name: 132 Description ExternalCoo	: National Uniform Billing Commit	tee (NUBC) code	es		
		Name: 134	: National Drug Code				
		Description ExternalCon Name: 240		odes			
	1250	Date Time F Description	 : National Drug Code by Format Period Format Qualifier : Code indicating the date format the and time format Name 	C , time	ID	2/3	Situational
July 6, 200	4 - 004010A [.]	D8 I - Version 1.03	Date Expressed in Format Co	CYYMMDD			Nebraska Medic

		RD8		xpressed in Forma	t CCYYMN	IDD-CCY	YMMDD	
	1251	Date Time Per		a timo or rango	С	AN	1/35	Situational
			expression of a date or dates and times	e, a time, or range				
		Industry: Proc	edure Date					
	782	Monetary Amo			0	R	1/18	Situational
			Monetary amount redure Monetary An	nount				
			licaid Directive: A					
	380	Quantity			0	R	1/15	Situational
		Industry: Proc	lumeric value of qu	antity				
	799	Version Identi			0	AN	1/30	Situational
			Revision level of a p	articular format,				
			iique or algorithm <i>ion, Release, or Ind</i>	lustry Identifier				
HI11	C022		ode Information	lustry lucitimer	0	Comp		Situational
		Description: T	o send health care			•		
	1270	associated date Code List Qua	es, amounts and qu	antities	М	ID	1/3	Doguirod
	1270		ode identifying a s	pecific industry	IVI	ID	1/3	Required
		code list	, , , , , , , , , , , , , , , , , , , ,	,				
		Code	Name	i		Dunnanduur	al Cadina Cuat	
		ВО	Nebraska Medic	ncing Administration	n Common	Procedura	ai Coding Syst	em
			Only five occurre	ences of individual				
		BQ		sification of Diseas	es Clinical	Modification	on (ICD-9-CM)	Procedure
			Nebraska Medica Only five surgica	ald Directive: al codes per prior a	uthorization	,		
		JP		Tooth Numbering				
		ABR	Assigned by Rece					
	1271	NDC Industry Code	National Drug Co	de (NDC)	М	AN	1/30	Required
			code indicating a co	de from a specific	•••	,	.,00	rtoquirou
		industry code li						
		Industry: Proc ExternalCode						
		Name: 130						
		-	lealth Care Financi	ng Administration C	Common Pr	ocedural (Coding System	l
		ExternalCodel Name: 131	LISL					
			nternational Classifi	cation of Diseases	Clinical Mo	d (ICD-9-	CM) Procedure	e
		ExternalCodel Name: 132	<u>List</u>					
			lational Uniform Bill	ing Committee (NL	JBC) codes			
		ExternalCode		3	,			
		Name: 134	lational Drug Codo					
		ExternalCode	lational Drug Code List					
		Name: 135						
		•	American Dental Ass	sociation Codes				
		ExternalCodel Name: 240	LISL					
			lational Drug Code					
	1250		riod Format Qualife Code indicating the		С	ID	2/3	Situational
			and time format	date format, time				
		Code	<u>Name</u>					
		D8 RD8		n Format CCYYMM expressed in Forma		וחח-ככעי	/MMDD	
	1251	Date Time Per		.Apresseu III FUIIId	C	AN	1/35	Situational
			expression of a date					
		of dates, times Industry : <i>Proc</i>	or dates and times					
	782	Monetary Amo			0	R	1/18	Situational
		Description: N	Monetary amount	45-				
July 6, 2004 -	UU4U1UA1 -	- version 1.03		155				Nebraska Medica

			ocedure Monetary Amount				
	380	Quantity	edicaid Directive: Authorized amount.	0	R	1/15	Situational
	300	•	Numeric value of quantity	O	IX	1/13	Situational
			ocedure Quantity				
	799	Version Ider		0	AN	1/30	Situational
			Revision level of a particular format,				
			nnique or algorithm				
HI12	C022		rsion, Release, or Industry Identifier Code Information	0	Comp		Situational
11112	C022		To send health care codes and their	O	Comp		Situational
		-	ates, amounts and quantities				
	1270	Code List Q		M	ID	1/3	Required
			Code identifying a specific industry				
		code list	Name				
		<u>Code</u> BO	Name Health Care Financing Administration	on Common	Procedur	al Coding Syst	Δm
		ьо	Nebraska Medicaid Directive:	on Common	i i iocedui	ar County Syst	CIII
			Only five occurrences of individua	l procedure	code for a	prior authoriza	ation.
		BQ	International Classification of Disea				
			Nebraska Medicaid Directive:				
		ID	Only five surgical codes per prior		n.		
		JP ABR	National Standard Tooth Numbering Assigned by Receiver	g System			
		NDC	National Drug Code (NDC)				
	1271	Industry Co		M	AN	1/30	Required
		Description:	Code indicating a code from a specific	;			·
		industry code					
			ocedure Code				
		ExternalCod Name: 130	eList				
			Health Care Financing Administration	Common P	rocedural (Coding System	1
		ExternalCod				3 - 7	
		Name: 131					
			International Classification of Disease	s Clinical Mo	od (ICD-9-	CM) Procedure	9
		ExternalCod Name: 132	<u>eList</u>				
			National Uniform Billing Committee (N	UBC) codes	3		
		ExternalCod		,			
		Name: 134					
			National Drug Code				
		ExternalCod	eList				
		Name: 135	American Dental Association Codes				
		ExternalCod					
		Name: 240					
			National Drug Code by Format				
	1250		eriod Format Qualifier	С	ID	2/3	Situational
			Code indicating the date format, time te and time format				
		Code	Name				
		D8	Date Expressed in Format CCYYM	MDD			
		RD8	Range of Dates Expressed in Form				
	1251	Date Time P		С	AN	1/35	Situational
		•	Expression of a date, a time, or range es or dates and times				
		Industry: Pro					
	782	Monetary Ar		0	R	1/18	Situational
		Description:	Monetary amount				
			ocedure Monetary Amount				
	000		edicaid Directive: Authorized amount.		_	4/45	0:11:1
	380	Quantity Description:	Numeric value of quantity	0	R	1/15	Situational
			ocedure Quantity				
	799	Version Ider	•	0	AN	1/30	Situational
		Description:	Revision level of a particular format,	-			
July 6, 200	4 - 004010A	1 - Version 1.03	156				Nebraska Medica

program, technique or algorithm **Industry:** *Version, Release, or Industry Identifier*

HSD Health Care Services Delivery

Loop: 2000F

Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Elemen	t	Su	m	m	ar۱	/ :
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<u>Ref</u> HSD01	<u>ID</u> 673	Element Name Quantity Qualifier	Req C	Type ID	Min/Max 2/2	<u>Usage</u> Situational
		Description: Code specifying the type of quantity Code Name DY Days FL Units HS Hours MN Month VS Visits				
HSD02	380	Quantity Description: Numeric value of quantity Industry: Service Unit Count	С	R	1/15	Situational
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Code DA Days MO Months WK Week	0	ID	2/2	Situational
HSD04	1167	Sample Selection Modulus Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	0	R	1/6	Situational
HSD05	615	Time Period Qualifier Description: Code defining periods Code Hour Day Years Episode Visit Month Week	С	ID	1/2	Situational
HSD06	616	Number of Periods Description: Total number of periods Industry: Period Count	0	N0	1/3	Situational
HSD07	678	Ship/Delivery or Calendar Pattern Code Description: Code which specifies the routine shipments, deliveries, or calendar pattern Industry: Ship, Delivery or Calendar Pattern Code All valid standard codes are used.	0	ID	1/2	Situational
HSD08	679	Ship/Delivery Pattern Time Code Description: Code which specifies the time for routine shipments or deliveries Industry: Delivery Pattern Time Code Code Name	0	ID	1/1	Situational
July 6, 2004	00401041	Version 1.03				Nobraska Modic

- A 1st Shift (Normal Working Hours)
- B 2nd Shift
 C 3rd Shift
 D A.M.
 E P.M.
 F As Directed
 G Any Shift
- G Any Shift
 Y None (Also Used to Cancel or Override a Previous Pattern)

CL1 Institutional Claim Code

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To supply information specific to hospital claims

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Figure	Jenient Juninary.							
<u>Ref</u>	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>		
CL101	1315	Admission Type Code	0	ID	1/1	Situational		
		Description: Code indicating the priority of this						
		admission						
		<u>ExternalCodeList</u>						
		Name: 231						
		Description: Admission Type Code						
CL102	1314	Admission Source Code	0	ID	1/1	Situational		
		Description: Code indicating the source of this						
		admission						
		<u>ExternalCodeList</u>						
		Name: 230						
		Description: Admission Source Code						
CL103	1352	Patient Status Code	0	ID	1/2	Situational		
		Description: Code indicating patient status as of the						
		"statement covers through date"						
		<u>ExternalCodeList</u>						
		Name: 239						
		Description: Patient Status Code						
CL104	1345	Nursing Home Residential Status Code	0	ID	1/1	Situational		
		Description: Code specifying the status of a nursing						
		home resident at the time of service						
		All valid standard codes are used.						

CR6 Home Health Care Information

Loop: 2000F

Elements: 6

User Option (Usage): Situational

To supply information related to the certification of a home health care patient

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summar	rv:
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		MI Y I	D			
Ref	<u>ID</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
CR601	923	Prognosis Code	M	ID	1/1	Required
		Description: Code indicating physician's prognosis				
		for the patient				
		All valid standard codes are used.				
CR602	373	Date	M	DT	8/8	Required
		Description: Date expressed as CCYYMMDD				
		Industry: Service From Date				
CR603	1250	Date Time Period Format Qualifier	С	ID	2/3	Situational
		Description: Code indicating the date format, time				
		format, or date and time format				
		Code Name				
		RD8 Range of Dates Expressed in Format	CCYYMI	MDD-CCY	YMMDD	
CR604	1251	Date Time Period	С	AN	1/35	Situational
		Description: Expression of a date, a time, or range				
		of dates, times or dates and times				
		Industry: Home Health Certification Period				
CR607	1073	Yes/No Condition or Response Code	M	ID	1/1	Required
		Description: Code indicating a Yes or No condition				•
		or response				
		Industry: Medicare Coverage Indicator				
		Code Name				
		N No				
		U Unknown				
		Y Yes				
CR608	1322	Certification Type Code	M	ID	1/1	Required
		Description: Code indicating the type of certification				•
		Code Name				
		1 Appeal - Immediate				
		2 Appeal - Standard				
		3 Cancel				
		4 Extension				
		I Initial				
		R Renewal				
		S Revised				
		11011000				

PWK

Additional Service Information

Loop: 2000F

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required and returned when a paper attachment is required by NE Medicaid. If the necessary attachments are not included, a response will be sent back with a "Not certified" HCR01 = 'A3' & HRC03 = '90' "Requested Information not Received".

ieilleilt	Sullillia	uy.					
Ref	<u>ID</u>	Element Name		Req	Type	Min/Max	<u>Usage</u>
PWK01	755	Report Type C		M	ID	2/2	Required
		Description: C	ode indicating the title or contents of				
			port or supporting item				
		Industry: Attac	hment Report Type Code				
		<u>Code</u>	<u>Name</u>				
		03	Report Justifying Treatment Beyond	Utilization	Guidelines		
		04	Drugs Administered				
		05	Treatment Diagnosis				
		06	Initial Assessment				
		07	Functional Goals				
		08	Plan of Treatment				
		09	Progress Report				
		10	Continued Treatment				
		11	Chemical Analysis				
		13	Certified Test Report				
		15	Justification for Admission				
		21	Recovery Plan				
		48	Social Security Benefit Letter				
		55	Rental Agreement				
		59	Benefit Letter				
		77	Support Data for Verification				
		A3	Allergies/Sensitivities Document				
		A4	Autopsy Report				
		AM	Ambulance Certification				
		AS	Admission Summary				
		AT	Purchase Order Attachment				
		B2	Prescription				
		B3	Physician Order				
		BR	Benchmark Testing Results				
		BS	Baseline				
		BT	Blanket Test Results				
		CB	Chiropractic Justification				
		CK	Consent Form(s)				
		D2	Drug Profile Document				
		DA	Dental Models				
		DB	Durable Medical Equipment Prescrip	tion			
		DG	Diagnostic Report				
		DJ	Discharge Monitoring Report				
		DS	Discharge Summary				
		FM	Family Medical History Document				
		HC	Health Certificate				
		HR	Health Clinic Records				
		15	Immunization Record				
		IR	State School Immunization Records				
		LA	Laboratory Results				
		LA	Laboratory Mesuits				

		M1 NN OB OC OD OE OX P4 P5 P6 P7 PE PN PO PQ PY PZ QC QR	Medical Record Attachment Nursing Notes Operative Note Oxygen Content Averaging Report Orders and Treatments Document Objective Physical Examination (inclu Oxygen Therapy Certification Pathology Report Patient Medical History Document Periodontal Charts Periodontal Reports Parenteral or Enteral Certification Physical Therapy Notes Prosthetics or Orthotic Certification Paramedical Results Physician's Report Physical Therapy Certification Cause and Corrective Action Report Quality Report	iding vital	signs) Dod	cument	
		RB	Radiology Films				
		RR	Radiology Reports				
		RT RX	Report of Tests and Analysis Report Renewable Oxygen Content Averagir	na Penort			
		SG	Symptoms Document	ig ixepoit			
		V5	Death Notification				
		XP	Photographs				
PWK02	756		nsmission Code	0	ID	1/2	Required
			: Code defining timing, transmission				- 4-
			ormat by which reports are to be sent				
			ttachment Transmission Code				
		Code	<u>Name</u>				
		BM	By Mail				
		EL	Electronically Only				
		EM	E-Mail				
		FX	By Fax				
		VO	Voice				
PWK05	66		on Code Qualifier	Χ	ID	1/2	Situational
			: Code designating the system/method				
			cture used for Identification Code (67)				
		<u>Code</u>	Name				
D) 4 ((C C	o=	AC	Attachment Control Number	.,		0.400	0'' '' '
PWK06	67	Identification		Х	AN	2/80	Situational
			: Code identifying a party or other code				
			ttachment Control Number				
			ledicaid Directive: Refer to Appendix A,				
DWK07	352		Attachment Guidelines.	0	AN	1/80	Situational
PWK07	352	Description	: A free-form description to clarify the	0	AIN	1/60	Situational
			elements and their content				
			ttachment Description				
		madel y. Al	addinion boompion				

MSG Message Text

Loop: 2000F

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	<u>Usage</u>
MSG01	933	Free-Form Message Text	M	AN	1/264	Required

Description: Free-form message text Industry: Free Form Message Text Nebraska Medicaid Directive: The nursing home level of care will be determined by NE Medicaid an

level of care will be determined by NE Medicaid and will be sent back using the workaround area in MSG01 in the 2000F loop. Refer to Nebraska Medicaid Workarounds in Appendix B.

NM1 Additional Service Information Contact Name

Loop: 2010F

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summ	ary:				
Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code	M	ID	2/3	Required
		Description: Code identifying an organizational				•
		entity, a physical location, property or an individual				
		Code Name				
		1P Provider				
		2B Third-Party Administrator				
		FA Facility				
		PR Payer				
		X3 Utilization Management Organization				
		ABG Organization				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
		Description: Code qualifying the type of entity				
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity	_			
NM103	1035	Name Last or Organization Name	0	AN	1/35	Situational
		Description: Individual last name or organizational				
		name				
		Industry: Response Contact Last or Organization				
NIN4404	1000	Name	0	A N I	1/05	Cityotional
NM104	1036	Name First Description: Individual first name	0	AN	1/25	Situational
		Industry: Response Contact First Name				
NM105	1037	Name Middle	0	AN	1/25	Situational
INIVITOS	1037	Description: Individual middle name or initial	O	AIN	1/25	Situational
		Industry: Response Contact Middle Name				
NM107	1039	Name Suffix	0	AN	1/10	Situational
14141107	1000	Description: Suffix to individual name	Ŭ	7 11 4	1710	Citadional
		Industry: Response Contact Name Suffix				
NM108	66	Identification Code Qualifier	Χ	ID	1/2	Situational
		Description: Code designating the system/method				
		of code structure used for Identification Code (67)				
		Code Name				
		Employer's Identification Number				
		34 Social Security Number				
		46 Electronic Transmitter Identification No	umber (E	ETIN)		
		PI Payor Identification				
		XV Health Care Financing Administration				er (PAYERID)
		XX Health Care Financing Administration	National	l Provider I	ldentifier	
NM109	67	Identification Code	Х	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Response Contact Identifier				
		<u>ExternalCodeList</u>				

ExternalCodeList

Description: Health Care Financing Administration National Plan ID

N3 Additional Service Information Contact Address

Loop: 2010F

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ID</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Response Contact Address Line				
N302	166	Address Information	0	AN	1/55	Situational
		Description: Address information				
		Industry: Response Contact Address Line				

N4 Additional Service Information Contact City/State/Zip Code

Loop: 2010F

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

		iai y .				
<u>Ref</u>	<u>ID</u> 19	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Situational
		Description: Free-form text for city name				
		Industry: Response Contact City Name				
N402	156	State or Province Code	0	ID	2/2	Situational
		Description: Code (Standard State/Province) as				
		defined by appropriate government agency				
		Industry: Response Contact State or Province Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Situational
		Description: Code defining international postal zone				
		code excluding punctuation and blanks (zip code for				
		United States)				
		Industry: Response Contact Postal Zone or ZIP				
		Code				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code	_			<u> </u>
N404	26	Country Code	0	ID	2/3	Situational
		Description: Code identifying the country				
		Industry: Response Contact Country Code				
		ExternalCodeList				
		Name: 5				
	000	Description: Countries, Currencies and Funds	.,		4.10	0., ,,
N405	309	Location Qualifier	X	ID	1/2	Situational
		Description: Code identifying type of location				
		Code Name				
		B1 Branch				
NIAOO	040	DP Department	_	A N I	4/00	0:4
N406	310	Location Identifier	Ο	AN	1/30	Situational
		Description: Code which identifies a specific				
		location				
		Industry: Response Contact Specific Location				

PER Additional Service Information Contact Information

Loop: 2010F

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element	Summ	nary:				
Ref		Element Name	Req	Type	Min/Max	<u>Usage</u>
PER01	<u>ID</u> 366	Contact Function Code	M	ID	2/2	Required
		Description: Code identifying the major duty or				
		responsibility of the person or group named				
		<u>Code</u> <u>Name</u>				
		IC Information Contact				
PER02	93	Name	0	AN	1/60	Situational
		Description: Free-form name				
		Industry: Response Contact Name				
PER03	365	Communication Number Qualifier	Х	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number				
		<u>Code</u> <u>Name</u>				
		EM Electronic Mail				
		FX Facsimile				
DED0.4	004	TE Telephone			4/00	0
PER04	364	Communication Number	Х	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Response Contact Communication Number				
PER05	365	Communication Number Qualifier	X	ID	2/2	Situational
PERUS	303	Description: Code identifying the type of	^	טו	212	Situational
		communication number				
		Code Name				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER06	364	Communication Number	Χ	AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Response Contact Communication				
		Number				
PER07	365	Communication Number Qualifier	Χ	ID	2/2	Situational
		Description: Code identifying the type of				
		communication number				
		<u>Code</u> <u>Name</u>				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		TE Telephone				
PER08	364	Communication Number	Х	(AN	1/80	Situational
		Description: Complete communications number				
		including country or area code when applicable				
		Industry: Response Contact Communication				
		Number				

SE Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

<u>Ref</u>	<u>ID</u>	<u>Élement Name</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
SE01	96	Number of Included Segments	М	N0	1/10	Required
		Description: Total number of segments included in a transaction set including ST and SE segments				•
		Industry: Transaction Segment Count				
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	М	AN	4/9	Required

GE Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

ired
ired

IEA

Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Ref	ID	Element Name	Req	Type	Min/Max	<u>Usage</u>
IEA01	<u>11</u> 6	Number of Included Functional Groups	M	N0	1/5	Required
		Description: A count of the number of functional groups included in an interchange				
IEA02	l12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required

Appendix A

278 Prior Authorization Paperwork/Attachment Guidelines

1. Attachment control number when assigned by the requesting provider should contain the following:

First 11 bytes – Requesting Provider's Medicaid ID

Next 7 bytes – All numeric unique number for the Requesting Provider

The request will be auto-rejected if either of the above is not followed.

2. Each request should contain one unique control number, regardless of how many attachments are being sent. The request will be auto rejected if the control number is not unique.

Appendix B

278 Auth Service Type Edit Determination

			When enrolled Send to				
UN	03 Service Type Code	FFS*	HMO*	HMO* PCCM* MH/SA* Medicare			
1	Medical Care		Yes	Yes	No	Yes	
2	Surgical		Yes	Yes	No	Yes	
3	Consultation	NoPa	Yes	Yes	No	Yes	
4	Diagnostic X-Ray	NoPa	Yes	Yes	No	No	
5	Diagnostic Lab	NoPa	Yes	Yes	No	No	
6	Radiation Therapy	NoPa	Yes	Yes	No	No	
7	Anesthesia	NoPa	Yes	Yes	No	No	
8	Surgical Assistance	NoPa	Yes	Yes	No	Yes	
12	Durable Medical Equipment Purchase		Yes	Yes	No	No	
14	Renal Supplies in the Home	Non	Yes	No	No	No	
15	Alternate Method Dialysis	Non	Yes	Yes	No	Yes	
16	Chronic Renal Disease (CRD) Equipment	Non	Yes	Yes	No	Yes	
17	Pre-Admission Testing	NoPa	Yes	Yes	No	Yes	
18	Durable Medical Equipment Rental		Yes	Yes	No	No	
20	Second Surgical Opinion	NoPa	Yes	Yes	No	Yes	
21	Third Surgical Opinion	NoPa	Yes	Yes	No	Yes	
23	Diagnostic Dental	NoPa	No	No	No	No	
24	Periodontics	7707 6	No	No	No	No	
25	Restorative		No	No	No	No	
26	Endodontics		No	No	No	No	
<u></u> 27	Maxillofacial Prosthetics		No	No	No	No	
28	Adjunctive Dental Services	NoPa	No	No	No	No	
33	Chiropractic	NoPa	Yes	No	No	No	
34	Chiropractic Office Visits	NoPa	Yes	No	No	No	
35	Dental Care	1101 4	No	No	No	No	
36	Dental Crowns		No	No	No	No	
37	Dental Accident		No	No	No	No	
38	Orthodontics		No	No	No	No	
39	Prosthodontics		No	No	No	No	
40	Oral Surgery	NoPa	No	No	No	No	
42	Home Health Care	110. 4	Yes	Yes	No	No	
<u></u>	Home Health Visits		Yes	Yes	No	No	
45	Hospice		Yes	Yes	No	No	
46	Respite Care	InValid	Yes	Yes	No	No	
	Hospital - Inpatient	NoPa	Yes	Yes	No	Yes	
50	Hospital - Outpatient	NoPa	Yes	Yes	No	Yes	
51	Hospital - Emergency Accident	NoPa	Yes	Yes	No	Yes	
52	Hospital - Emergency Medical	NoPa	Yes	Yes	No	Yes	
53	Hospital - Ambulatory Surgical	NoPa	Yes	Yes	No	Yes	
54	Long Term Care	INOI a	No	No	No	No	
56	Medically Related Transportation	NoPa	Yes	No	Yes	No	
57	Air Transportation	NoPa	Yes	No	No	No	
58	Cabulance	Non	Yes	No	No	No	
50 59	Licensed Ambulance	NoPa	Yes	No	No	No	
		Non	No	No	No	Yes	
61 62	In-vitro Fertilization						
	MRI/CAT Scan	NoPa	Yes	Yes	No	No	
63	Donor Procedures	Nlaw	No	No	No	Yes	
)4	Acupuncture	Non	Yes	No	No	No	

Formation Non	65	Newborn Care	NoPa	Yes	Yes	No	Yes
88 Well Baby Care NoPa Yes Yes No No No Mel	67	Smoking Cessation	Non	Yes	No	No	No
Matemity			NoPa	Yes	Yes	No	No
71 Audiology Exam	69	Maternity	NoPa	Yes	Yes	No	Yes
71 Audiology Exam				No	No	No	No
Tabletion Therapy	71		NoPa			No	
73 Diagnostic Medical NoPa Yes Yes No Yes Private Duty Nursing Yes Yes No No No No Prosthetic Device NoPa Yes Yes No No No No No Yes Yes No No No Yes Yes No No Yes Yes No No Yes Yes Yes Yes Yes Yes No Yes Yes Yes Yes Yes No Yes							
74 Private Duty Nursing							
75 Prosthetic Device NoPa Yes Yes No No		o o					
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79 Allergy Testing							
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83 Infertility							
84 Abortion No No No Yes 85 AIDS NoPa Yes Yes No No 86 Emergency Services NoPa Yes Yes No No 93 Podiatry NoPa Yes Yes No No 94 Podiatry - Office Visits NoPa Yes Yes No No 95 Podiatry - Nursing Home Visits NoPa Yes Yes No No 98 Professional (Physician) Visit - Office NoPa Yes Yes No Yes 40 Professional (Physician) Visit - Outpatient NoPa Yes Yes No Yes 40 Professional (Physician) Visit - Nursing Home NoPa Yes Yes No Yes 41 Professional (Physician) Visit - Skilled Nursing Facility NoPa Yes No Yes 42 Professional (Physician) Visit - Home NoPa Yes Yes No Yes			Non				
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BF Pulmonary Rehabilitation Non Yes Yes No Yes BG Cardiac Rehabilitation NoPa Yes Yes No Yes			Non	Yes	No	No	No
BG Cardiac Rehabilitation NoPa Yes Yes No Yes			Non	Yes	Yes	No	Yes
			NoPa	Yes	Yes	No	Yes
	BS	Invasive Procedures		Yes	Yes	No	Yes

*FFS (Fee For Service)

Non - the service is a Non-Covered service.

NoPa - a prior authorization is not needed for the service.

InValid - Nebraska Medicaid does not consider this a service type.

*HMO

If the client is covered by the Nebraska Medicaid Managed Care HMO plan, this column applies. The column will either have a "Yes" or a "No". "Yes" means the service is covered by the HMO plan. The request will be rejected with a AAA, telling the requestor to contact the HMO plan with regards to the prior authorization of the service. "No" means the service is not covered by the HMO Plan. The request will be reviewed.

*PCCM

If the client is covered by the Nebraska Medicaid Managed Care PCCM plan, this column applies. The column will either have a "Yes" or a "No". "Yes" means the service is covered by the PCCM plan. The request will be rejected with a AAA, telling the requestor to contact the PCCM plan with regards to the prior authorization of the service. "No" means the service is not covered by the PCCM plan. The request will be reviewed.

*MH/SA

If the client has the Nebraska Medicaid Mental Health/Substance Abuse Coverage (MH/SA) this column applies. The column will either have a "Yes" or a "No". "Yes" means the service is covered by the MH/SA Coverage. The request will be rejected with a AAA, telling the requestor to contact the MH/SA administrator with regards to the prior authorization of the service. "No" means the service is not covered by the MH/SA Coverage. The request will be reviewed.

*Medicare

If the client has dual eligibility in Medicaid and Medicare this column applies. This column will either have a "Yes" or a "No". "Yes" means the service is covered by Medicare. The request will be rejected with a AAA, telling the requestor to contact Medicare with regards to the prior authorization of the service. "No" means the service is not covered by Medicare. The request will be reviewed.

Appendix C

Nebraska Medicaid Workarounds

Dental Workaround for Tooth Number, Surface and Arches

Use the MSG segment of the Service Level (2000F) Loop. The proposed format would be variable length, accommodating for reporting tooth number, surfaces for that tooth number and arches, if applicable, for up to 12 potential Procedure Codes in the HI segment. However, a fixed length for each procedure will be used to accommodate one tooth number, up to 5 surfaces for that tooth number and 2 arch/quadrant designations. This allows the data to be more easily parsed by translators when reading the MSG segment. The procedure for which the tooth information is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located. The following 11 bytes will be allocated for the tooth information for that procedure. If that procedure has less than 5 surfaces and 2 arch/quadrant designations, the remaining bytes are spaced filled. In the event that 12 procedures are reported in the HI and all 12 procedures have tooth information, a total of 180 bytes (this includes the HI## plus the 11 bytes of tooth information) would be used of the MSG segment for this workaround.

When reporting tooth numbers 1 through 9, zero fill the first byte so the field will be 01, 02, etc. When reporting primary dentition (A through M), pad the second byte with a space. This will allow the providers and payers to have a consistent location to identify tooth numbers.

If there is also a text message that needs to be sent, begin the text message with the word text. This will allow the text to be parsed more easily.

EXAMPLES:

1. HI segment contains 12 procedures and all 12 procedures require tooth number information. There is also a text message.

LEGEND – T# = were the tooth number would be represented S = were tooth surfaces would be reported A# = arch information X = space fill

MSG*HI01T#SSSSSA#XXHI02T#SSXXXA#A#HI03T#SSSXXXXXXHI04 (EXAMPLE STARTED, BUT WILL FINISH WHEN ARCH INFO DETERMINED)

Procedure Code Modifier Workaround

Use the MSG segment of the Service Level (2000F) Loop. The proposed format would be variable length, accommodating for reporting modifiers for up to 12 potential Procedure Codes in the HI segment. However, a fixed length for each procedure will be used to accommodate up to four modifiers. This allows the data to be more easily parsed by translators when reading the MSG segment. The procedure for which the modifier is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located. The following 8 bytes will be allocated for up to four modifiers for that procedure. If that procedure has less than four modifiers the remaining bytes are spaced filed. In the event that 12 procedures are reported in the HI and all 12 procedures have at least one modifier, a total of 144 bytes would be used of the MSG segment for this workaround.

If there is also a text message that needs to be sent, begin the text message with the word text. This will allow the text to be parsed more easily.

EXAMPLES:

1. HI segment contains 12 procedures and all 12 procedures have at least one modifier. There is also a text message. NOTE: XX represent blank fill or spaces.

MSG*HI01m1m2XXXXHI02m1XXXXXXHI03m1m2m3m4HI04m1XXXXXXHI05 m1m2m3XXHI06m1m2m3m4HI07m1XXXXXXHI08m1m2XXXXXHI09m1m2m3m4 HI10m1XXXXXXXHI11m1m2m3XXHI12m1XXXXXXXtext this is example one.~

The 278 Response includes only the modifiers approved. In this example, 12 procedures are approved, but modifiers are only approved for procedure in HI01 and HI12 and there is no text message. The response would like as follows:

MSG*HI01m1m2XXXXHI12m1XXXXXX~

2. HI segment contains 5 procedures. Procedures submitted in HI02 and HI05 have modifiers for those procedures. There is also a text message.

MSG*HI02m1m2m3m4HI05m1XXXXXXtext this is example two~

<u>Information Required for NE Medicaid Level of Care Workaround</u>

Loop 2000F – Service Level Loop UM01 = Request category code - required UM02 = Certification type - required UM03 = Service type code - required

= Level of Care code

MSG*NELC##TEXT~~ Services text message (254 chars)~~~~~~

Information Required for NE Miscellaneous Procedure Code Description Workaround

Loop 2000F – Service Level Loop

UM01 = Request category code - required

UM02 = Certification type - required

UM03 = Service type code - required

HI01-HI12 Procedure codes

X = Miscellaneous description (left justify, if less than 40 chars blank fill)

Information Required for Ordering Provider Workaround

(One Ordering Provider should follow Servicing Provider in 2010E NM1 loop, Ordering Provider should not be first)

Loop 2010E – Service Provider Name Loop (second NM1, REF and PRV)

NM101 = IT Physician, Clinic or Group Practice - required

NM102 = 1 Person - required

NM103 = Last Name required
NM104 = First Name optional
NM105 = Middle Name optional
NM107 = Name suffix optional

REF01 = ZH Carrier Assign Reference number - required

REF02 = MMIS State License number required – SSKKXXXXXXXX

State License number

Provider Type

State postal alphabetical abbreviation

N301 = Address lineoptionalN302 = Address lineoptionalN401 = CityoptionalN402 = StateoptionalN402 = Zip codeoptional

PRV01 = **OR** Ordering Provider - required

PRV02 = ZZ required PRV03 = Taxonomy code required

MSG 2000F Workaround Limits

Workarounds using Service Level loop (2000F) message. Message segment is a max of 264 characters:

X12 Procedure code Modifiers (4), requires 12 chars each

X12 Dental Tooth number, Surface (5) and Arches (2), requires 15 chars each

NE Miscellaneous Procedure code description, requires 44 chars each

NE Level of Care code, requires 6 chars

HCPCS(BO) Procedure code workaround for Modifier and Misc description

Max of 4 Procedure code items per service level loop (2000F)

Modifiers per procedure code item (4 * 12 = 48 chars)

Description per misc procedure code item (4 * 44 = 176 chars)

Service level loop (2000F) message limited to 40 characters

Example message:

HCPCS(BO) Procedure code workaround for Modifiers with NO OTHER WORKAROUND

Max of 12 Procedure code items per service level loop (2000F)

Modifiers per procedure code item (12 * 12 = 144 chars)

No description per misc procedure code item allowed

Service level loop (2000F) message limited to 120 characters

Example message:

 HCPCS(BO), ICD-9-CM(BQ), ADA(JP) workaround for Misc description with NO OTHER WORKAROUND Max of 6 Procedure code items per service level loop (2000F)

Description per misc procedure code item (6 * 44 = 264 chars)

No Service level loop (2000F) message allowed

Example message:

 ADA(JP) Procedure code workaround for Tooth Number and Misc description Max of 4 Procedure code items per service level loop (2000F)
 Tooth number per procedure code item (4 * 15 = 60 chars)
 Description per misc procedure code item (4 * 44 = 176 chars)
 Service level loop (2000F) message limited to 28 characters

Example message:

 1 2 3 4 5 6

12345678901

 ADA(JP) Procedure code workaround for Tooth Number with NO OTHER WORKAROUND Max of 12 Procedure code items per service level loop (2000F)

Tooth number per procedure code item (12 * 15 = 180 chars)

No description per misc procedure code item allowed

Service level loop (2000F) message limited to 84 characters

Example message:

 Nursing Home Level of Care workaround with NO OTHER WORKAROUND Max of 1 Level of Care per service level loop (2000F) Level of Care code (6 chars)

Service level loop (2000F) message limited to 258 characters

Example message: